

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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27 June 1998

**Lewis: secretary &  
registrar designate**

**Suppliers' Council and  
PCG task group set up**

**B6 controls in doubt  
as COT gets it 'wrong'**

**Information the key at  
PAGB/NHSE conference**

**Bathcare:  
bumper  
growth for  
body washes**



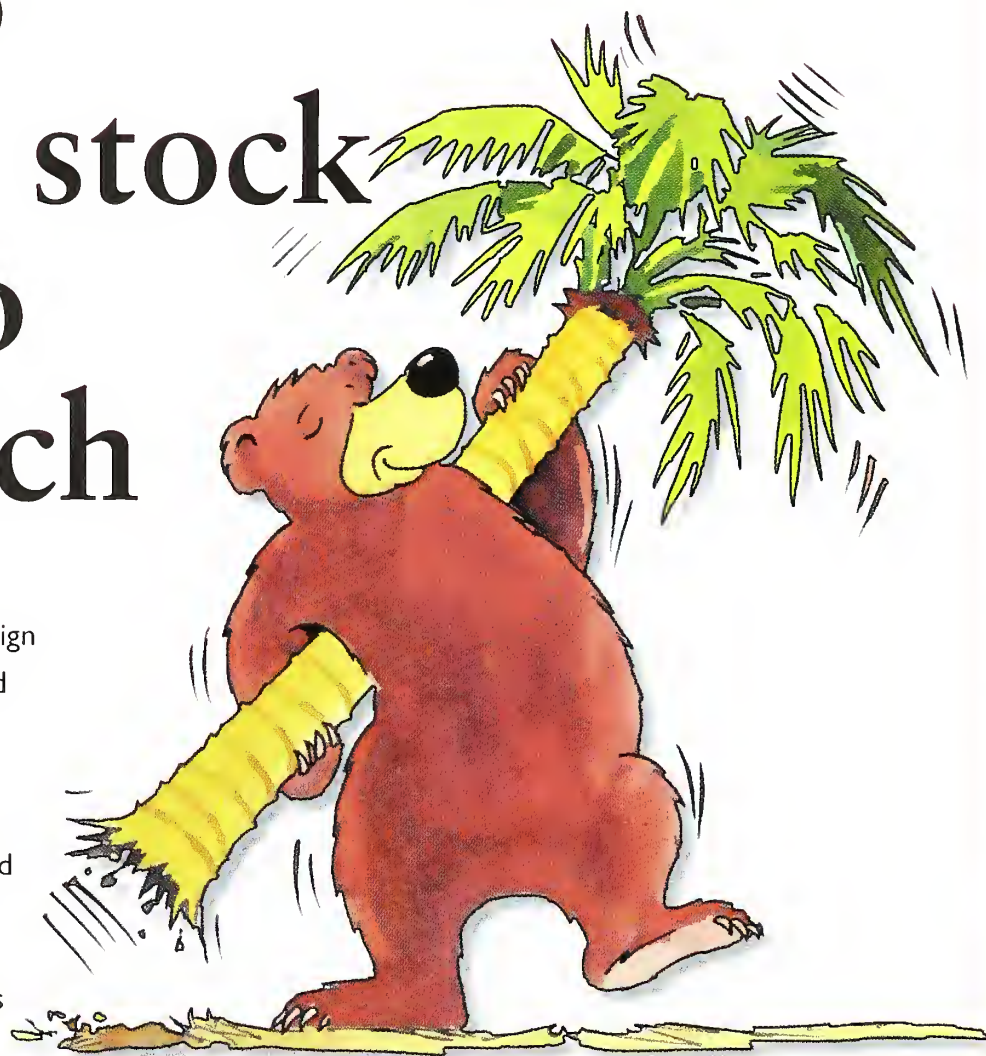
**PCA launches pharmacy  
software package**

**EU prepares agenda to  
tackle parallel imports**

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If strong winds affect Britain this weekend, it may not be the weather. It is more likely to be caused by the collective sigh of relief as pharmacists learn that one of their ilk is to be the next secretary and registrar of the Royal Pharmaceutical Society. A further expectant intake of breath will follow when they learn the appointee is Ann Lewis. A well known figure and successful president, Miss Lewis brings a wealth of experience from many areas of pharmacy. With the benefit of hindsight, she was the obvious candidate.

John Ferguson will be a hard act to follow, but the Society has indicated that change is needed internally as well as within the profession. Society at large has been a significant driving force, but Miss Lewis, as one of the architects of the PIANA initiative, has successfully anticipated the changes going ahead in the new NHS. A number of important decisions have also to be taken in the near future relating to the workings of 'head office'. She will now be in a position to bring about those changes which she supported as a Council member. It is important that Council, Society employees and other pharmacy bodies support Miss Lewis as there could still be a difficult couple of years ahead.

There is one small point of concern – Miss Lewis must resign from Council to take up the appointment. With one vacancy already, and three Privy Council appointees, Council could be in danger of losing its democratic status as co-optees swell the ranks. Having five out of 24 Council members unelected and a further third relatively inexperienced, Miss Lewis' work will be cut out ensuring that the membership's will is met. Spring was late in coming to Lambeth this year, but, with a 'dream team' of Hemant Patel and Miss Lewis, the dark clouds that seemed to be gathering over the Society's headquarters have been blown away. Is all well in the world that is pharmacy?

## CHEMIST & DRUGGIST

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# Ann Lewis to be RPSGB secretary

Ann Lewis is to become secretary and registrar of the Royal Pharmaceutical Society, putting an end to concern that the post would be taken by a non-pharmacist.

Miss Lewis hopes to join the Society's staff in mid-August and will work alongside the present secretary and registrar, John Ferguson, until he retires in October. She has been a member of the Society's Council since 1987 and was president from 1994-96, but will have to retire from Council after its August meeting.

She is currently joint director of the Centre for Pharmacy Postgraduate Education, based at the University of Manchester. Registering as a pharmacist in 1965, she has spent most of her career

in hospital pharmacy and was previously director of pharmaceutical services, Countess of Chester Hospital NHS Trust. She was called to the Bar, Grays Inn, in 1980. She is also a member of the Medicines Commission and vice-chairman of the Department of Health's Standing Pharmaceutical Advisory Committee.

Ms Lewis told *C&D*, "I am looking forward to taking up this post and the challenges it will present. The profession has a clear strategy which will enable us to grasp the opportunities. For success it will be vital to make closer links with the membership, the government, media and the public."

RPSGB president Hemant Patel was delighted that a colleague from Council, whom he



Ann Lewis ends speculation of the appointment of a non-pharmacist

has known for some time, has been appointed. Although John Ferguson will be a hard act to follow, he said, Miss Lewis' honesty and integrity and wide areas of interest will help her in

leading the profession.

"It's great to have Ann there, and to have her taking forward the agenda agreed by Council," he said, pointing out that there will be some "major decisions" to be made in the coming year.

Her co-director at CPPE, Dr Peter Wilson, said this week: "I am delighted that Ann has been appointed secretary and registrar. She has extensive experience of pharmacy practice and senior management. She is an experienced member of Council and had two very successful years as president, during which she initiated the New Age strategy. We are extremely fortunate that the Society has appointed a person of such outstanding ability and commitment."

## Unichem launches Suppliers' Council backing independents

Unichem has launched a Suppliers' Council which brings together leading pharmaceutical manufacturers to promote the role of independent pharmacists.

The council will meet regularly to debate key pharmacy issues. It has already discussed the impact of resale price maintenance on independent pharmacy and the suppliers have welcomed Unichem's unbranded window poster campaign highlighting the

unique services local pharmacies can offer (*C&D* June 13, p28).

The Unichem Suppliers' Council is chaired by Mike Smith, a non-executive director of Unichem and an independent pharmacist. He says: "We have set up the Council to explore new ideas with the aim to maintain a thriving independent community pharmacy sector. Medicines are not typical 'fast-moving consumer goods' and manufac-

turers realise this, which is why it is vital to have their input and support on this campaign.

"We truly believe that consumers value the advice which is freely available from their local pharmacy and will take every opportunity to promote the profession. The abolition of RPM could mean 'short-term savings, long-term loss' for customers."

Unichem could not name the companies on the council, but

said there were about six leading manufacturers ranging from ethical to toiletry suppliers.

The posters, being distributed to Unichem customers, are available to all pharmacists.

Unichem's marketing controller, Peter Skinner, says: "The poster is designed to help pharmacists target consumers, and enlisting the support of manufacturers seems to be the next natural step."

## Government comes round to supporting RPM

The Community Pharmacy Action Group claimed success this week as the Government came round to agreeing there was an important case for retaining resale price maintenance on medicines and that the matter should be decided by the Restrictive Practices Court.

CPAG chairman David Sharpe told *C&D* that Asda had complained to the European Commission about RPM. The Lords' amendment to the Competition Bill would have prevented RPM being challenged for five years and the EC threatened to intervene if the Office of Fair trading was prevented from taking action now.

Consumer affairs minister

Nigel Griffiths has decided it would be better to pursue the case in the Restrictive practices Court than have action imposed from Brussels. With this new support from the Government and the threat from the EC, CPAG has agreed it would rather fight in the court, where the burden of proof for abolishing RPM on medicines would fall on the OFT.

On Tuesday, the standing committee on the Competition Bill came out in favour of maintaining the present pharmacy network and passed amendments to the Bill that would give pharmacists a guaranteed five-year breathing space if the OFT's RPM challenge was unsuccessful.

"The minister has stated cate-

gorically that, when we win our case in the Court - and I am determined that we will - the Government will resist any further attempt by the EC to interfere, for a minimum of five years," said Mr Sharpe.

"The minister has now shown he has a good understanding of the issues. He has acknowledged the value of local pharmacies ... and recognised their increasing role in delivering health care.

"We will be able to use the very valuable comments made by the minister and the standing committee in our evidence to the Court," he added. "We have come out of it better, in terms of support, than we would ever have dreamed of a couple of weeks ago."

### PINs reminder

From July 1, all personal identification numbers (PINs) held by users of the distance learning courses delivered through *Chemist & Druggist Over the Counter* and *Community Pharmacy* will change to five digits.

Existing users with four figure PINs need to press the star key (\*) after entering their PIN. New registrants will automatically be issued with a five figure PIN. The telephone instructions will remind users of the change.

The courses offered are:

- Cambridge Counterpart, Medicine Counter Assistant's Course
- Certificate in Community Pharmacy Management
- Pharmacy Update
- Diabetes Support for Life

## Safety concerns about astemizole lead to the loss of its Pharmacy medicine status

Astemizole is set to lose its Pharmacy medicine status following concerns over its potential to cause cardiac arrhythmias.

An addendum to MLX 244 issued by the Medicines Control Agency this week says that there is new information on a signifi-

cant number of drug interactions. In particular, astemizole use may lead to cardiac conduction defects, especially QT prolongation.

Due to increasing complexity of the precautionary measures required to minimise the risk of

cardiac arrhythmias when using astemizole, the MCA wants astemizole to be used only under medical supervision. As such, it is proposing to delete the P exemptions for the drug in the Prescription Only Medicine Order.

It is intended the change will

come into effect in August, along with other proposals from MLX 244 (*Chemist & Druggist* June 13, p5). Comments should be made by July 16 to Dugan Cummings, Room 1109a, MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.



## Practice to People final reminder

This is your final reminder to send your entry in for the Glaxo Wellcome *Chemist & Druggist* 'Practice to People' awards. With £5,000 to be won to help develop new services, entries need to be sent in to the C&D office by June 30.

## Drug alert

Regent-GM Laboratories Ltd is recalling a batch of its Frusemide Tablets BP 40mg, size 1,000, batch number A270280A, expiry August 2002, due to some containers containing discoloured (yellow) tablets. The class 3 recall was issued by the MCA on Monday. Recipients should return the batch to their supplier. Regent-GM can be contacted on 0181 965 3637.

## A doctor writes...

Former Royal Pharmaceutical Society Council member Gillian Hawksworth featured in an article written by *The Times* GP, Dr Thomas Stuttford. His column in last Thursday's newspaper, titled 'Why local chemists are best' praised community pharmacy and described some important interventions made by Mrs Hawksworth in her patient's health care.

## PSNC concerned about lack of involvement in PPI discussions

Concern that discussions on the patient pack initiative are continuing between the Government and industry without the pharmacy and medical professions has been raised.

Pharmaceutical Services Negotiating Committee chairman Wally Dove has joined with counterpart Dr John Chisholm, chairman of the General Medical Services Committee to send a letter to health minister Alan Milburn. In it, the pair say: "We are concerned to discover that a dialogue appears to be continuing between your officials and representatives of the industry without the involvement of either of our organisations."

Until October 1997, the professions were in discussion with the DoH and the pharmaceutical industry over the implementation of the European directive on labelling and leafleting. However, Mr Milburn ended those discussions saying the PPI would prove too complex and costly.

The letter says the concerns the professions have about the proposals need to be addressed. "It seems unlikely that our concerns will be satisfied unless we are present at the discussions currently taking place," it says.

# PCG Task Group set up by CCA and Co-op

A pharmacy primary care group task force has been set up by the Company Chemists' Association and the Co-operative Pharmacy Technical Panel. It aims "to demonstrate to health authorities the importance of having a community pharmacist representative on the board of PCGs".

The PCG Task Group, chaired by Colin Baldwin of Boots the Chemists, will be providing specialist support for Local Pharmaceutical Committees, especially in giving presentations. A panel of over 20 members, consisting of

primary care service managers or equivalent from CCA companies and the CPTP, will be able to advise on presentation strategy with a specially designed communication package, or a member will be able to go with LPC representatives to meetings with HAs.

In addition, the Task Group will target GPs, Community Health Councils and nurses to make them aware of the "particular strategic and business skills which community pharmacists have and the unique perspective which they can add to the plan-

ning and delivery of public health".

"Pharmacists have a particular set of competencies and skills they can bring to the boards of PCGs," said Mr Baldwin. Pharmaceutical Services Negotiating Committee has been supportive, giving advice on the communication packages produced by the Task Group members, he adds.

The PCG Task Group has written to CCA and Co-op representatives on LPCs and PSNC has written to LPC secretaries about what the Task Group can offer.

## 'De-stress' with help from a pharmacist, says CHIC campaign

The Consumer Health Information Centre's latest campaign, starting next week, aims to help consumers cope with stress.

A leaflet, 'De-stress not distress', encourages consumers to treat the minor ailments often associated with stress, such as indigestion, headache and sleeplessness. It explains that "your pharmacist has some tried and trusted medicines for dealing with many of the physical symptoms of temporary stress... Relieving these symptoms will make you feel better in the short-term. It will also help you deal better with the problem, think through your problems more clearly and, as a result, help find solutions."

Pharmacies may obtain supplies of the leaflet from the Proprietary Association of Great Britain, Vernon House, Sicilian Avenue, London WC1A 2QH (tel: 0171 242 8331), which is sponsoring the campaign. As in CHIC's first campaign on colds and flu, no medicines are mentioned by brand name.

A 24-hour stress helpline (0845 6061611) will go live on July 1, manned by pharmacists at the Trent Regional Drug Information

Centre. Information will also be accessible on a stress web site. National and regional radio campaigns start on July 7, with Dr Paul Stillman, a GP and member of CHIC's advisory panel, talking about stress-inducing events such as holidays and rail strikes.

A questionnaire enabling people to identify their own stress

triggers and risk factors, will be promoted to the media as the basis for editorial coverage.

In CHIC's colds and flu campaign, last autumn, 90,000 leaflets were distributed through GP surgeries, pharmacies, libraries and the media. Every month there were 4,000 visits to the web site and 200 helpline

calls. The campaign, which aimed to discourage consumers from seeking unnecessary medical consultations, will start again this autumn.

● The NHS Executive is to launch a 'Home health care guide' next week. Copies will be available to pharmacies (more details in next week's issue).





# COT report on B6 'palpably wrong'

A Government review of vitamin supplements was thrown into doubt by a damning report of MPs warning ministers to withdraw their plans to impose tight safety restrictions on the sale of the vitamin supplement B6.

Insisting they were not criticising the thoroughness of the Committee on Toxicity, the Agricultural Committee of MPs said COT's conclusions were "palpably wrong". It called on the Government to seek a voluntary limit of 100mg per daily dose, pending the report of the expert group on vitamins and minerals. In addition, all dietary supplements containing vitamin B6 should display a clear warning that intakes above this level might carry health risks, particularly when taken over an extended period.

In a clear warning to the new expert group on vitamins and minerals, led by Professor Woods – the chair of COT, the Committee said the EGVM should take the "unfortunate row" over B6 as a constant reminder of the need to base its recommendations and advice on sound and substantiated scientific knowledge and adherence to a clear definition of the role and limits of Government intervention in this area.

"We recommend that to assist in avoiding any repeat of the vitamin B6 controversy, consumer and industry interests should be able to nominate one or two independent scientific experts in nutrition and toxicology for appointment as full members of the group," it added.

The report savaged the COT chaired by Professor Woods who has been appointed to head a separate review of all dietary supplements.

"We have been dismayed by the stubbornness and defensiveness which COT has displayed following the serious scientific challenges which had been made to its findings," said the Committee. It described COT as "cut almost to the point of rudeness in responding to articulate and well-argued criticisms from organisations such as the Vitamin B6 Scientific Task Group".

Christopher Whitehouse of Consumers for Health Choice, which lobbied against the threatened restrictions, said Professor Woods' review was now 'untenable'. "Never before have I seen a

select committee savage so severely the reputation of a scientific advisor. One can only ask whether there can be any public or ministerial confidence in the advice of Professor Woods," said Mr Whitehouse.

Campaigners hailed the report by the committee of MPs, chaired by Tory Peter Luff, as a significant victory for their case. The Committee recommended: "In relation to dietary supplements, the Government should withdraw its proposed draft regulations to limit the level of daily vitamin dose to 10mg."

The report is also embarrassing for Jeff Rooker, the Agriculture Minister, who has been pressing ahead with his action on vitamin B6 in the face of growing protests from the public.

## PRS lines up big six for counselling payments

Practice Resource Systems has announced it has six pharmaceutical companies backing its Health Plus network. With the manufacturers paying for pharmacists counselling, PRS believes that its pharmacy system will now pay for itself.

Sanofi and Novo Nordisk are already signed up to provide a computerised counselling plan for pharmacists counselling patients about certain conditions and medicines using Health Plus. Novartis, Bristol Myers Squibb, Eli Lilly and Pfizer have all indicated their support for the system. Pharmacists will receive between £1.80 and £5 per patient from the companies involved for appropriate counselling.

Sanofi was the first company to join with PRS in March, with a

counselling programme for its hormone replacement therapy product Tridestra. On Tuesday, Novo Nordisk announced its HRT product, Kliofem, would be the second product. PRS is hoping a Lilly counselling programme will be completed and available next month.

Other areas PRS is looking at include hypertension, diabetes, coronary heart disease, mental health and epilepsy.

At a briefing on Tuesday, PRS managing director Gary Noon said: "We believe with all these you will have more than enough to cover the \$40 per month [Health Plus costs], which means it will not cost the pharmacist."

The Sanofi programme has been used as a market research tool to modify the module struc-

tures. Counselling activity is fully audited on a time-tracked basis which commences when the patient presents an identifier to show authorisation. The session is tracked to see how long pharmacists spend with a patient.

"We are not processing patient information. What we are building up here is a series of data bases to help pharmacists help the patient," he said.

Park Systems managing director David Coleman believes the move is "very, very positive". Now that counselling screens are rolling out, there will really be an increase in the primary health care role of the pharmacist for which, at last, they will be paid. Payments for counselling patients could easily cover the cost of the system."

## Drug misuse rising

The number of drug misusers starting treatment with specialist agencies rose 4 per cent in the six months to March 31, 1997, compared with the previous six months, according to the Department of Health's latest statistical bulletin on 'Drug misuse statistics'.

Over half (54 per cent) of the 25,925 drug misusers were in their 20s and 13 per cent were under 20. The ratio of males to females, at three to one, was the same as in previous periods.

Heroin is still the most frequently reported main drug of use, accounting for 60 per cent of users, up from 58 per cent in the previous period. Methadone was the next most frequently reported main drug (14 per cent), followed by amphetamines (8 per cent) and cannabis (6 per cent).

## Zeneca develops reference card for migraine

Pharmacists have been involved in compiling a migraine reference card, which is being made available by Zeneca.

Unveiled at the YPG conference workshop on migraine last weekend, the card gives a list of possible patient questions about headache symptoms and describes the four main headache types.

It also highlights symptoms of 'sinister' headaches which require urgent referral.

"The A4 laminated card was produced in response to requests from community pharmacists for concise information on headache symptoms, and the diagnosis of migraine," says Zeneca spokesman Julian Cornes. "In order to ensure that the information accu-

rately reflects current best practice, we formed an advisory group including a neurologist, GPs, pharmaceutical advisors and community pharmacists."

One of the pharmacists involved, Council member Sid Dajani, said that the doctors were surprised by the extent of the pharmacists' knowledge. "By the end of the meeting they were thinking that maybe patients should be encouraged to see the pharmacist first," he said.

The card acts as an *aide-memoire* for counter assistants or could be used by the patient to help indicate the nature of a headache.

Copies are being distributed to pharmacies by Zeneca representatives.

## Ashwin Tanna may run for London mayor

Community pharmacist Ashwin Tanna from south London has made public his intention to run as an independent in the mayor of London elections.

Providing the deposit is realistic and Richard Branson does not stand, Mr Tanna intends to provide Londoners with a candidate untainted by party politics. Mr Tanna showed that he has support by beating Conservative and Liberal Democrat candidates in the recent local council elections.

Mr Tanna, a former member of the Royal Pharmaceutical Society's Council, owns a pharmacy in East Dulwich and has chaired the local traders' association. He was instrumental in establishing the East Dulwich Action Group

which is now fighting to keep open the local hospital.



Could Ashwin Tanna be the future mayor of London?



## GP PERSPECTIVE

## Education and the problem of funding

Postgraduate education is as important for GPs as it is for any other branch of medicine. It should be essential for a GP's workload to allow adequate time for further learning.

As well as voluntary learning, there is a financial inducement in the postgraduate educational allowance. A GP has to attend accredited courses for an average of five days per year to qualify for the allowance. Assuming the target is met, they are paid the full current rate of \$2,400 per year. If they don't hit the full rate, they can claim a proportion of the fee.

It sounds good – those GPs wanting to keep up-to-date need no inducement, those less interested in postgraduate education will at least be attracted by the money and so should achieve a minimum of further education. And GPs don't have to go to traditional lectures: a selection of postgraduate accredited courses exists. Pharmaceutical companies try to make sure meetings they host are accredited, while some GP magazines have devised questionnaires based on their content which can earn postgraduate allowance credits.

However, not everybody is happy with the system. The course content is not always appropriate and there is still too much depen-

**There is a large gap between what GPs need and what is provided**

dence on the lecture system. In reality, there is a large gap between what GPs need and what is provided.

The chief medical officer chaired a working party which recently issued a report that is likely to be influential in shaping the future of organised postgraduate GP education. One recommendation is to broaden the involvement of the educational process to include the whole practice team. This could include nurses, administrative staff and pharmacists.

However, there is the problem of funding. Good quality educational programmes cost time and money. Would the current postgraduate educational allowance be swallowed up by a new budget shared with the rest of the team? Needless to say, that would not be popular with GPs who would lose a fair chunk of income.

*By Dr Harry Brown, a GP practising in Seacroft, Leeds.*



## Active involvement in PCGs

There is an undeniable logic associated with the recent announcement from the Scottish Office of a pilot project in the Greater Glasgow Health Board Region for the supply of enteral feeds via central funding (*C&D* June 20, p4).

It is also undeniable that any change in the presently accepted distribution of pharmaceuticals raises the spectre of an irreversible precedent which could ultimately threaten the whole FP10 supply system.

Enteral feed supply is an area in which few community pharmacists ever become involved. It is an expensive, highly specialist field and it makes sense to maximise the use of scarce NHS resources by investigating a tender system.

If this is the only service involved then I can see few problems, but patient access to pharmaceutical care through a comprehensive network of community pharmacies must remain the priority and the system of choice.

Pharmacy cannot be seen to be protectionist, but PSNC is correct in moving rapidly to pre-empt any attempt by health authorities to unilaterally change the supply system that pertains to England and Wales. It is still too early to see how primary care groups will manage their drug budgets, but it is not too early to lay down the ground rules of professional

# Topical Reflections

involvement. Drug supply must be, and medicines management ideally should be, the responsibility of the community pharmacist. This must be the unequivocal message from health authorities to the fledgling PCGs, which should not just confirm the present expertise of the community pharmacist but also encourage our active involvement in the difficult balance of achieving cost-effective resource management while improving patient care.

## Don't make a habit of an emergency!

The OTC supply of the 'morning-after pill' is back on the agenda with firm proposals for protocols of supply which now have the support of both the Royal Pharmaceutical Society and Schering.

Earlier this year I opposed any deregulation. Having read the current proposals, I see no reason to change my opinion. However well-intentioned and cleverly worded, the sale will quickly change from a carefully counselled 'emergency' supply to that of a convenient contraceptive on demand. Obligatory referral may be the theoretical restraint but referral cannot be made against the wishes of the patient and, in this case, would the protocol then suggest that supply be withheld?

Emergency hormonal contraception (EHC) as an occasional one-off event may be safe, but if easily available it will quickly become habitual. Under these circumstances the long-term

effects are not so predictable and proper family planning advice would be preferable.

The dual aim of emergency contraception should be access within 72 hours of unprotected sex to EHC and the provision of vital supportive family planning advice. If the problem is a lack of sympathetic, confidential advice, then making EHC more easily available may exacerbate the situation.

## Stressed out pharmacists...

'The older I am the harder I seem to work' is a common complaint and major topic of conversation between pharmacists. If tiredness was just a function of advancing years I would not mind, but I believe it is symptomatic of a profession under stress.

It is little consolation to learn that my empirical conclusions have been supported by a study conducted by Dr Amanda Kirby, on behalf of Boehringer Ingelheim, who found that more than three-quarters of pharmacists suffer from feelings of daily fatigue (*C&D* June 20, p4). This level of admitted fatigue within a working environment cannot be conducive to a progressive profession and could explain why continuing professional development is resisted by so many pharmacists.

I presently work an intense minimum of 50 hours per week in the shop, with further time spent at professional meetings, in the office and dealing with out-of-hours emergencies. It is no wonder I am tired and, at times, apathetic towards further involvement. It is also of little consolation to have confirmed that 75 per cent of my colleagues are similarly pressurised.



## Ethical Generics to market Nu Seals Cardio 75

Ethical Generics has signed a commercial agreement with Eli Lilly to sell and market Nu-Seals Cardio 75mg (enteric coated aspirin) in pharmacy. As a result, Ethical Generics has relaunched the brand with new packaging carrying the EGL logo and produced a pharmacy education guide and a patient leaflet on aspirin.

**Ethical Generics Ltd. Tel: 01635 568445.**

## Psoriasis fact file

The Psoriatic Arthropathy Alliance has produced a Psoriatic Care Fact File, to enable health professionals to give patients more information about their condition. It contains 26 fact sheets on psoriasis and psoriatic arthritis, which can be photocopied for patients. Aimed initially at dermatologists and rheumatologists, the file is available to pharmacists wishing to give sufferers more details about the use and actions of their treatments. Limited copies can be obtained from the PAA, PO Box 111, St Albans, Herts AL2 3JQ.

## Ocusert Pilo 20 shortage

The eight-pack Ocusert Pilo 20 is suffering a temporary supply shortage. The two-pack variants are not affected but anyone experiencing problems in obtaining them should contact the customer services department at: **Dominion Pharma Ltd. Tel: 01428 661078.**

## Flexin name change

The Flexin (indomethacin) tablet range from Napp Laboratories has been renamed. Flexin-25 is now Flexin-25 Continus; Flexin-LS is now Flexin-50 Continus; and Flexin-75 is now Flexin-75 Continus.

**Napp Laboratories Ltd. Tel: 01223 424444.**

## Moving on Parkinson's

'Moving On' is a new patient information booklet from the Parkinson's Disease Society. The booklet gives an A-Z guide to living with the condition, from counselling and medical treatments to finance and employment issues. Free copies can be obtained from: **Parkinson's Disease Society. Tel: 0171 931 8080.**

# Cancer survival rates up 5pc

The number of cancer patients who are surviving for more than five years after diagnosis increased by 5 per cent in the 1980s.

The new data published jointly by the Imperial Cancer Research Fund and the Office for National Statistics shows an increased five-year survival rate from 25 per cent in 1981 to 30 per cent in 1989 for all cancers in England and Wales. Dr Gillian Reeves, from the ICRF unit and senior researcher on the joint project, puts this figure into human numbers. "About 200,000 people were diagnosed with cancer in 1989

and 60,000 of these survived for at least five years. This is about 10,000 more than would have survived according to 1981 figures."

Notable improvements were seen in five-year survival rates in malignant melanoma (13 per cent increase), kidney cancer (9 per cent increase) and bladder cancer (8 per cent increase). Five-year survival rates also increased for colorectal cancer (from 32 per cent in 1981 to 39 per cent in 1989), non-Hodgkin's lymphoma (35 per cent to 42 per cent), breast cancer (61 per cent to 68 per cent) and leukaemia (21

per cent to 27 per cent). Cervical cancer and ovarian cancer also showed increases.

By contrast relative survival for cancers of the oesophagus, stomach, pancreas, lung, prostate and brain showed little or no improvement between 1981 and 1989.

Dr Reeves believes the positive findings may reflect real improvements in the outlook of certain diseases. "It looks as if the cancers which are showing an increase in survival are those in which we know that earlier detection or better treatment can improve the prognosis."

## Avoid peanuts in pregnancy

Pregnant and breast-feeding women with a history of allergies should avoid peanuts to reduce the risk of their children developing peanut allergies in later life.

The warning from the Department of Health also extends to women whose partners or other children suffer common allergies such as eczema and hay fever. As an added precaution, peanuts and peanut-containing products should be avoided in children with such a history until at least the age of three.

Women who fall outside these categories do not need to take such precautions. Also, refined peanut oils and vegetable oils are unlikely to cause a problem.

These recommendations were put forward by the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) which was

investigating the increasing incidence of peanut allergies.

Its other recommendations include paying particular attention to labels of pre-packed, multi-ingredient foods; avoiding accidental cross-contamination when preparing food; and taking care when eating away from home. Carers of sensitised children should also be aware of the treatment of anaphylaxis.

Chief medical officer Sir Kenneth Calman said that for the vast majority of the public there will be no need to change their eating habits. "Today's advice will go a long way towards helping to prevent the handful of tragic deaths we see each year and will, we hope, start to limit the growth of peanut allergy in this country."

● It has been suggested that one in 200 people may be allergic to peanuts.

## 'Nagging' doctors turn off smokers

Doctors who routinely advise their patients to give up smoking every time they visit the surgery could be undermining their relationship with their patients.

A patient-centred approach that considers how individual patients view themselves as smokers, and how they would react to different forms of intervention, is more acceptable, says a study in the *British Medical Journal*.

The primary care study recruited 42 of the 536 sample of smokers and 'recently quit' smokers who had already participated in the Welsh smoking intervention study. Each was

asked about initial smoking, attempts to quit, future smoking, past experiences with health services and the most appropriate way for health services to help them and other smokers.

The main outcome was that smokers already knew that smoking was unpleasant, a waste of money and damaging to their health. However, they firmly believed that giving up was down to the individual and were sceptical about doctors' powers of persuasion. If the topic of smoking was raised, smokers wanted a more sympathetic and supportive approach rather than one that involved preaching.

## 'Want to know more about coeliac disease?'

The Juvela Nutrition Centre, working closely with the National Pharmaceutical Association, has produced a training pack for pharmacists and their assistants. 'Want to know more about coeliac disease?' consists of two patient leaflets and an audio cassette featuring a case study and interviews with a gastroenterologist, dietician and a pharmacist. Packs can be obtained free by writing to: **Juvela Pharmacist Offer, Freepost, Ellesmere Port, South Wirral, Cheshire L65 3EB. SHS International Ltd. Tel: 0151 228 1992.**

## Isotard additions

Isotard tablets are now available in two new strengths: Isotard 25XL (28, basic NHS price £10.99) and Isotard 50XL (28, £16.49). **Bartholomew Rhodes. Tel: 01604 882626.**

## Welland stoma pouches

From July 1, all products in the Welland stoma pouch range will include an extra two pre-cut sizes: 29mm and 35mm. **Clinimed Ltd. Tel: 01628 850100.**

## Mepore size addition

The larger sizes of Mepore sterile adhesive dressings to be listed in July's Drug Tariff will also include the 9x35cm variant which was omitted from last week's list (Script Specials June 20, p8). **Molnlycke Health Care Ltd. Tel: 01582 677400.**



When your  
customers have a

\*@★⚡#!

**MIGRAINE**

or \*@★⚡#!

**BACK PAIN**

or \*@★⚡#!

**PERIOD PAIN**

or \*@★⚡#!

**DENTAL PAIN**

you need to use  
strong language

More customers are finding that for strong pain -  
from migraine to dental pain - Paramol can make  
the difference.

Combining the trusted pain relief of paracetamol  
with the added power of dihydrocodeine,  
Paramol provides your customers with highly  
effective pain relief - and a highly profitable  
recommendation for you.

So make sure you ask your Seton Healthcare  
representative about our strong deals.

 Seton  
Healthcare Group plc



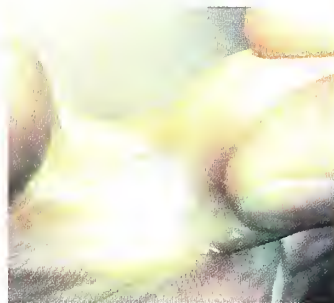
**Product Information. Presentation:** Each white tablet engraved PARAMOL contains 500mg Paracetamol BP and 746mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feversh conditions, period pains, toothache and other muscular pains, and also as an anti-pyretic. **Dosage and Administration:** PARAMOL Tablets should, if possible, be taken during or after meals. **Adults and Children over 12 years:** 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24-hour period. **Children under 12 years:** Not recommended. **The Elderly:** Caution should be observed in increasing the dose in the elderly. **Contraindications:** Hypersensitivity to paracetamol or any of the other constituents. Respiratory depression, obstructed airways disease. **Other special warnings and precautions:** PARAMOL tablets should be given with caution to patients with allergic disorders and should not be given during an attack of hepatic disease. An overdose can cause hepatic necrosis. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Do not exceed the recommended dose. Patients should be advised not to take other paracetamol containing products concurrently. **Use in pregnancy and lactation:** Studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should take their doctor's advice before use. **Interactions:** Metoclopramide, Domperidone, Cholestyramine, Warfarin and other coumarins. Alcohol. Available published data does not contraindicate breast-feeding. **Other undesirable effects:** Adverse effects of paracetamol are rare, but hypersensitivity including rashes may occur. Constipation, if it occurs, is readily treated with a mild laxative. Nausea, vertigo, headache and giddiness may occur in a few patients. If symptoms persist, consult your doctor. Keep out of reach of children. **Overdosage:** Contains paracetamol. In case of suspected overdose, patients should be admitted to hospital urgently and medical attention sought immediately. **Legal Category:** P. **Package Quantities and RSP:** 12's £2.25, 24's £3.89, 32's £4.45. **PL Number:** 11314 0050. **PL Holder:** Seton Products Ltd, Oldham. **Date of Preparation:** June 1998. Further information is available on request from the Licence Holder. PARAMOL is a Registered Trade Mark.

# Guide to fungal skin and mouth infections

Fungal infections are among the most common skin problems, affecting nearly all of us at some time in our lives. They can be uncomfortable and distressing and occasionally lead to more serious complications, so it's important to treat them quickly and effectively with a powerful anti-fungal. And when it comes to treatment and advice, the pharmacy is still the first port of call for customers, so it's a good idea to brush up on your knowledge of fungal infections and their treatment.

## Q What are the most common fungal skin infections?

**A** Some 40 per cent of us will get athlete's foot at some time, making it one of the most common fungal infections. Appearing as an itchy, scaly rash between the toes, it can cause the skin to crack and peel. If left untreated the skin can become inflamed and infected.



*Athlete's foot: an itchy scaly rash between the toes*

Ringworm has nothing to do with worms, but is a skin lesion that forms a spreading red ring. These lesions can be itchy and sore, and as they get bigger, the edge becomes raised while the centre fades.

Dhobie itch, or jock itch, is a reddish brown rash which appears around the tops of the thighs and under the scrotum, and can be itchy and sore. If left untreated the skin can break and cause raw, weeping areas which can then become infected. A similar condition called intertrigo can affect any skin fold on the body, but particularly under the arms and breasts.

An infected nappy rash needs prompt treatment. Caused by a fungal infection rather than irritation by urine, fungal nappy rash symptoms include lots of red spots in the nappy area, inflamed skin folds and, if left untreated, blistering and weeping skin.

Oral thrush is often caused by the yeast *Candida albicans* and appears as sore, creamy, yellow raised patches inside the mouth.

## Q Is it important to identify the bugs which can cause infection before you can recommend a treatment?

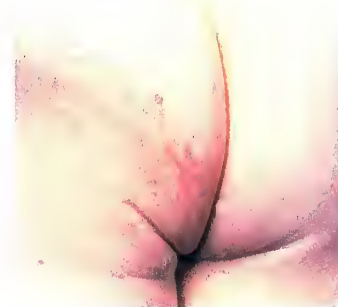
**A** There are three main types of fungi which can cause skin infections – dermatophytes, *candida* yeasts and *pityrosporum* yeasts. Daktarin<sup>TM</sup> is a broad spectrum anti-



fungal treatment which will work against all these fungi by acting on the cell membranes. It works by disturbing the permeability characteristics of the membrane which allows leakage of components which inhibit macromolecular synthesis.

## Q Why should I recommend Daktarin<sup>TM</sup> to my customers?

**A** Daktarin<sup>TM</sup> is invaluable when it comes to treating fungal skin and mouth infections because it can be used for such a wide range of conditions, from athlete's foot to oral thrush. It contains the anti-fungal ingredient miconazole which kills the fungi and has anti-bacterial properties too, killing off the Gram-positive bacteria that can cause secondary infection. These include *Streptococcus* and *Staphylococcus*.



*An infected nappy rash needs prompt treatment*



**PRESCRIBING INFORMATION:** Daktarin<sup>TM</sup> cream. **Presentation:** White cream containing miconazole nitrate 2 per cent w/w. **Indications:** Treatment of fungal infections of skin and super-infections due to Gram-positive bacteria. **Dosage:** Apply twice daily and continue for ten days after lesions have disappeared. **Precautions and warnings:** Discontinue if hypersensitivity occurs. Use with caution in pregnancy. **Price:** £3.20, 15g tube. **Legal Category:** P. PL: 0242/0016.  
Daktarin<sup>TM</sup> Powder. **Presentation:** White powder containing miconazole nitrate 2 per cent w/w. **Indications:** Treatment of fungal infections of skin and super-infections due to Gram-positive bacteria. **Dosage:** Apply twice daily and continue for ten days after lesions have disappeared. **Contra-indications, precautions and warnings:** Not for hair or nail infections. Discontinue if hypersensitivity occurs. Use with caution in pregnancy. **Price:** £3.20, 20g tub. **Legal Category:** P. PL: 0242/0017.  
Daktarin<sup>TM</sup> Oral Gel. **Presentation:** White gel containing miconazole 2 per cent w/w. **Indications:** Treatment and prevention of fungal infections of mouth. **Dosage:** Apply a small amount of gel directly to affected area. Children 0 to 6 years, twice daily. Adults and children over 6, four times daily. Continue treatment for up to two days after symptoms have cleared. **Precautions, warnings:** Consult doctor if pregnant. **Interactions:** Oral miconazole may interact with anticoagulants, anti-epileptics or hypoglycaemic drugs. **Side effects:** Mild GI disturbance. **Price:** £3.99, 15g tube. **Legal Category:** P. PL: 0242/0048.  
PL Holder for all of above: Janssen-Cilag Ltd Sanderton, High Wycombe, Bucks HP14 4HJ.



# COUNTERpoints

## Simplicity the key to Foamburst campaign

Cussons is launching the second phase of its \$7.5 million advertising campaign to support the launch of Imperial leather Foamburst Gel with a simple but highly effective advert.

Breaking in June, the largest ever Cussons press campaign, runs up to and including September with a magazine schedule comprising TV listings, national press supplements, women's weekly and monthly titles.

The advert is designed to focus on the main skin care claim on the

brand and is distinguished by its simplicity without being cluttered by heavy body copy.

Marketing manager for Imperial Leather, Jo Sykes, explains: "In a marketplace already overcrowded by complicated scientific terms and overstated claims we wanted Foamburst Gel to stand



NEW FOAMBURST GEL  
Notice the improvement in the condition of your skin. After just one uniquely different shower.

out for its no nonsense on-pack statement,

'noticeably improves the condition of your skin' which it does and we can prove it."

The four month campaign, costing in excess of \$1 million will have an equivalent reach to the TV campaign currently on air, ensuring that virtually every adult woman in Britain will be exposed to it.

The display campaign will be complemented with advertorials in selected titles in September and October.

**Cussons (UK) Ltd. Tel: 0161 491 8000.**

## New Miners Megadust Supashine is d-eye-namite

Miners Megadust Supashine Eyeshadows are a gift from the galaxy for glamour girls.

The futuristic range of eyeshadow powders reflect light and emit a lustrous sheen. There are 16 shades of this incredible dust, each giving a different depth of colour as the light changes in a virtual two tone effect.

The range of cosmic colours span the spectrum from Saturn Returned (black), Digital Star (light brown) and Purple Metalloid (purple) to Ethereal Glow (pink), Atomic Carrat (gold



highlight) and Sunstrike (golden yellow).

Just a gentle application of the Megadust Supashine will blend beautifully to highlight the natural

contours of the eyes. And at \$2.99 for a jar you can afford to use several shades to create a colour constellation.

**Paul Murray plc. Tel: 01703 268444.**

## A dazzling giveaway with Cover Girl

'It's time for you to dazzle' is a new 48-page glossy beauty book from Cover Girl cosmetics.

Packed full of tips and features to help readers recreate the latest beauty looks, the book is free with any Cover Girl product bought at Superdrug.

The offer runs exclusively at Superdrug from August 12 until September 9.

**Procter & Gamble (Health Beauty & Cosmetics Ltd). Tel: 01932 896000.**

## Oil of Ulay moisturiser promises to keep skin looking its best

Oil of Ulay has launched a new moisturiser which promises to 'give the skin everything it needs to look its best'.

Complete Care Moisturiser, available as a cream (50ml, \$6.99) or a fluid (100ml, \$5.99), provides daily 12 hour moisturisation with a vitamin/mineral complex and UV protection.

Complete Care is the first Ulay skin care product which combines Ulay moisturisers with a

vitamin/mineral complex in an advanced UV protection system.

It is now thought that 80 per cent of all visual signs of ageing are caused by the sun including UVA/UVB damage. It also appears that 80 per cent of sun exposure occurs during multiple short exposures which are not intended to produce tanning, such as shopping or walking to work. Therefore, everyday use of a product that protects against UVA/UVB can prevent acute and long-

term photodamage and premature signs of ageing.

In the past, skin care companies have had difficulty incorporating UV filters into a moisturiser, without compromising on the 'feel' of the product. However, the new Complete Care moisturiser can be applied easily, without leaving the skin feeling greasy.

**Procter & Gamble (Health, Beauty & Cosmetics) Ltd. Tel: 01932 896000.**

## Yardley shares tips for the city chic look

City Chic colours from Yardley London are contemporary shades shot with metallics for an autumn look described as 'sleek and sexy'.

Lip Splash is available in Lilac Metal, Platinum and Virtual (\$5) with a co-ordinating Colour & Define Trio eyeshadow (\$5) of Iced Gem, Metallica and Jet Black. The wearable lilacs, amethysts and platinums enhance lips and eyes, flattering every complexion with their glide-on textures.

Matching Paint & Go nail enamels in Lilac Metal, Platinum and Ultra (\$4) complete the look and are perfect for at-your-desk quick changes.

A final tip for the look is to outline the inner lid using the Soft Kohl Pencil in White (\$3.50) for sparkingly bright eyes.

**Yardley London. Tel: 01268 527111.**

## Natural Science for body and mind

Natural science, a range of natural skin care and body products from the US, is launching this summer in selected pharmacies and department stores across the UK.

Natural Science combines respect for the environment with an awareness of what is important to maintain the health of one's skin, hair and sense of wellbeing.

Natural Science consists of a Pureline range of products for the face, body, hair and sun – all suitable for men and women – and the Dead sea Mineral collection of mineral-enriched formulae.

Prices range from \$3.95 for moisturising salts (350g) to \$16 for after sun splash (250ml). **KLM Ltd. Tel: 01372 275932.**





# Child friendly pharmacy award

Tixylix, the leading range of children's medicines, is sponsoring a new award for the Child Friendly Pharmacy of the Year in *Mother & Baby* magazine.

Nominators are invited to explain in 200 words or less why they feel that their pharmacy deserves the award. Points to consider are whether the staff are approachable and friendly and whether the staff take time to explain treatments. The parent is also invited to describe a particular incident which would illustrate how the pharmacy has helped resolve a particular child's health problem.

The winning pharmacy will receive a certificate in recognition of its efforts to promote this relationship and will be profiled in *Mother & Baby* magazine. The nominator of the

successful pharmacy will receive a health farm break for two. The competition has

new baby and as a result they use a new pharmacy. This gives the pharmacist an



been launched in response to research by Novartis Consumer Health which found that 30 per cent of mothers specifically ask their pharmacist for advice about medicines for their child.

Joanna Newell, brand manager for Tixylix, says: "We also know that parents frequently move house after the birth of a

opportunity to establish a valuable ongoing relationship, particularly with first-time mothers. This new sponsorship with *Mother & Baby* enables us to recognise and encourage the important relationship between the pharmacist and mothers."

**Novartis Consumer Health. Tel: 01403 210211.**

## Get orally hygienic with hyG Ionic

(iontophoretic) technology to remove plaque.

The hyG Ionic uses a mild, imperceptible electric current to repel plaque from the teeth to the bristles of the toothbrush. Its lithium power source, which lasts for up to two years with normal use, is similar to a watch battery and just as safe. It activates an electronic current when

moist skin touches the metal pad. Once the brush is removed from the mouth, the current is broken, the brush loses its charge and the plaque

and debris can be simply rinsed off the brush under the tap.

The hyG Ionic comes with two replacement brush heads and its handle is a similar size to a manual toothbrush and is ergonomically designed for comfort.

The hyG Ionic retails at around £14.99 and a set of two replacement heads retails at \$5.99.

Other products in the Periproducts range are RetarDent toothpaste (\$7.95) and Retardex oral rinse (\$7.95). The hyG Ionic brush and other oral care products are distributed by: **Trinity Sales & Marketing. Tel: 01932 788080.**



Periproducts, the oral health care specialist, is launching the new hyG Ionic toothbrush which harnesses magnet-like

## Calfig hits the press with \$100,000 campaign

Merck Consumer Health, a subsidiary of Seven Seas, is supporting its Calfig brand with a new national press advertising campaign.

The \$100,000 consumer campaign will run in the national press from July 1 through to August and will be

complemented by PoS material for pharmacies. It is timed to coincide with a time of year when laxative sales are high due to changes in eating habits, disruption of routine and lack of fluid intake.

Calfig product manager Chris Blincoe

says: "The recent proposal to ban phenolphthalein in the US has caused the laxative market to move towards more natural based products, such as Calfig."

**Merck Consumer Health Products. Tel: 01482 375234.**

## Summer support for Hc45

Hc45, the leading 1 per cent Hydrocortisone cream, is set for further success during the 1998 summer season with new pharmacy PoS material designed to stimulate customer interest.

Crookes Healthcare has developed a showcard which graphically illustrates all the indications for Hc45, from inflammation and irritation due to insect bites, to nickel allergy and mild to moderate eczema.

The easy-to-interpret visual representations of Hc45's indications will help the customer to assess if their particular skin irritation will benefit from Hc45 treatment and prompt dialogue with the pharmacy staff.

The showcards are also designed to highlight to pharmacy assistants the range of conditions for which Hc45 is suitable.

**Crookes Healthcare. Tel: 0115 953 9922.**

## Help for those on their feet all day

Vitalegs, from Chefaro UK Ltd, is a herbal gel to relieve tired, heavy legs (100g, £4.95).

Its astringent, cooling ingredients – witch hazel and ivy – help reduce swelling and the appearance of fine thread veins. The gel is quickly absorbed without stickiness and can be applied through tights or stockings. It is suitable for use in pregnancy.

The launch will be supported by national press advertising from July to September. A public relations campaign includes editorial promotions and

sampling. A counter display unit is available and a consumer leaflet gives self-help tips.

Chefaro's research showed more than half the women questioned had problems with tired, heavy legs but were unaware of any product that might help.

Few sought medical advice, believing that nothing much could be done.

As Vitalegs fits into a category of its own, Chefaro recommends positioning it near to foot care products. **Chefaro UK Ltd. Tel: 01480 421800.**

## Brushheads boost for Braun Oral B

Braun Oral-B is introducing the new EB15 brushhead to its range of electrical Plaque Removers.

Designed to improve brushhead cleaning efficiency and enhance manoeuvrability in the mouth, the new EB15 brush has several unique design features.

In the centre of the head are blue FlexiSoft bristles, which are crimped (20 crimps per inch) making them softer and more flexible than normal bristles so they give way under pressure and allow the interdental

tips to reach deeper between teeth.

The interdental tips are now longer and the green indicator bristles monitor performance and show when a replacement is required.

The advanced EB15 brushhead will fit all current Braun Oral-B plaque removers, gradually replacing all current brushhead packs.

The EB15 is available in single, double and triple brush packs with prices starting at \$4.50 for a single head. **Braun (UK) Ltd. Tel: 01932 785611.**





# The new treatment for the terrible twos

## Dehydration and Diarrhoea

New Dioralyte Relief, the first and only rice-based oral rehydration therapy, is now being promoted to GP's and advertised direct to consumers. Clinical evaluation has shown rice ORT to be more effective than traditional glucose-based ORT, in promoting fluid absorption.<sup>1</sup> In addition, recovery time is reduced, as well as the duration of diarrhoea.<sup>2</sup> Which is a relief all round because a prompt recovery puts an early end to everyone's distress. In-store point-of-sale materials are now available on request, to help you make the most of this new sales opportunity. Prescriptions and requests are building – so stock up. There is after all, no real alternative.



# Dioralyte relief

Rice powder, potassium chloride,  
sodium chloride, sodium citrate

## Diarrhoea relief with rapid rehydration

**ABBREVIATED PRESCRIBING INFORMATION** Presentation: Sachet containing active ingredients pre-cooked rice powder 6g, sodium citrate EP 580mg, sodium chloride EP 350mg, potassium chloride EP 300mg as powder for reconstitution with water. **Indications:** Oral correction of fluid and electrolyte loss and treatment of watery diarrhoea of various aetiologies including gastro-enteritis in all age groups from 3 months upwards. Particularly recommended in case of too loose or frequent stools where it enables over loose stools to revert to normal. **Administration and Dosage:** Each sachet should be reconstituted in 200ml fresh drinking water. For infants or where drinking water is not available the water should be freshly boiled and cooled. Adults and children over 1 year - One sachet after each loose motion up to 5 sachets per day for 3-4 days, Infants 3 months to 1 year under medical supervision - 150 to 200 ml/kg/24 hours, half the volume to be given during first 8 hours and other half during next 16 hours. Under 3 months not recommended. **Contra-Indications:** Patients with phenylketonuria, intestinal

obstruction, severe renal and hepatic impairment. **Special Warnings and Precautions:** Do not dissolve in a diluent other than water. If diarrhoea persists unremittingly for longer than 36 hours the patient should be reassessed by the physician. Care in cases of renal and hepatic impairment or where electrolyte balance disturbed. May be used in pregnancy and lactation under medical advice. **Interactions and Undesirable Effects:** None Known. **Basic NHS Price:** 20 sachets £5.63. Retail Selling Price 6 sachets £3.40. **Legal Category P PL 00012/0275. Product Licence Holder and further information** from Rhone Poulenc Rorer, Kings Hill, West Malling, Kent, ME19 4AH. **References:** 1. Pizarro D et al. New Eng J Med 1991; 324:517-521 2. Wall CR et al. J Gastroenterol and Hepatol 1997; 12:24-28. Date of preparation: March 1998. OTC 20028

 **RHÔNE-POULENC RORER**



# Peak season premium promotion

ColourCare is to offer customers \$1 off the recommended retail price of 9x6 inch developing and printing during the peak holiday season.

Scheduled to run from Monday July 13 to Saturday August 15 inclusive, the promotion marks the first anniversary of the launch of 9x6 in D&P, and gives holidaymakers an extra incentive to try premium size photos.

The discount brings down



the recommended retail price of developing and printing 24 and 36 exposure films to \$5.99 and \$6.99 respectively.

Last summer, ColourCare became the first photo-processor to offer this 9x6 in large size D&P to the retail trade nationwide.

Unlike the traditional 8x6 in size it is in full ratio to 35mm and as a result the complete image captured on the negative is printed.

**ColourCare International.**  
**Tel: 01722 412202.**

## New condoms from Durex

LRC is launching two new varieties of latex condom in September.

Durex Ribbed will come in a ribbed pack of 12 retailing at \$9.89. With the ribs at the base of the condom, the accent is on giving added value to both partners.

At the same time, ribbed condoms will be pulled out of the Select range, which will just be 'coloured and flavoured'.

The second new line is Durex Comfort (3, \$3.25; 6, \$5.95; 12, \$10.40), intended for men who find condoms difficult to put on. It is wider and longer in the right places, says marketing manager Leigh Taylor, and found favour with eight out of ten users in trials.

This month, recognising that pharmacies remain the main source of purchase for seven out of ten condom users, LRC has

launched *Durex Pharmacy News*, a quarterly newsletter covering sexual health promotion.

After its involvement in National Condom Week in May, LRC says there will definitely be another such event in 1999.

The company's Sensations promotion which started in April, is aimed solely at independent pharmacies. Sales reps award points on each visit, for achieving set objectives, which can be exchanged for gifts. The scheme will run until March 31, 1999.

Durex Avanti, the first polyurethane condom, has been chosen by the prime minister, Tony Blair, to be among the first 2,000 'millennium products' and as such will feature in the Millennium Dome.

**LRC Products Ltd. Tel: 01992 451111.**

## Watershed to go for sanpro ads

Most of the remaining restrictions on television advertising of sanitary protection products are expected to be lifted this summer. The Independent Television Commission has decided that advertisements for sanitary towels and tampons can appear before the 9pm watershed.

## FiFi for fetish

Dana's Fetish, has won the award for US Women's Fragrance Star of the Year in the 'Chain Stores' category at the 'FiFi' awards.

**Dana UK Ltd. Tel: 0181 607 6500.**

## Medisport distribution

Medisport is ending the distribution of the Orthaheel and Orthasport brands of orthotics. It says AOL, the manufacturer, has decided to exploit the footwear market and this was not in Medisport's corporate strategy. The product range, currently distributed to pharmacies through A1 Pharmaceuticals, will be phased out in the next three months. Until then, address enquiries to:

**Medisport International Ltd. Tel: 01705 246546**

## Topal transfer

Novex Pharma says Topal antacid tablets (42, £2.49) have been transferred to Ceuta Healthcare. All orders and product enquiries should now be referred to Ceuta's customer services.

**Ceuta Healthcare Ltd. Tel: 01202 780558.**

## About baldness

'About baldness' is a new booklet by Doreen and Peter Trust which discusses coping with hair loss. The full colour A6 size booklet costs £3.50 (include P&P) and is available from the Disfigurement Guidance Centre, PO Box 7, Cupar, Fife KY 15 4PF, Scotland. Tel: 01337 870281.

## Nivea Sun sales

Teamwork Field Marketing has launched a sales distribution drive on behalf of Smith & Nephew Consumer Products, the UK distributor of Nivea Sun. The drive starts with a trial operation in independent chemists in the Tyne Tees area followed by a national roll-out to independent chemists throughout the UK. There will also be a strong consumer promotion, PoS material and a 'buy three, get one free' offer.

**Teamwork Field Marketing. Tel: 01904 486666.**

## Gaviscon Advance Essential

### Information

**Gaviscon Advance Active**

**Ingredients:** Sodium alginate BP

1000mg and potassium bicarbonate

USP 200mg per 10ml dose. Also

contains ethyl and sodium butyl

hydroxybenzoates and sodium

saccharin. **Indications:** Gastric reflux,

reflux oesophagitis, heartburn, hiatus

hernia, flatulence associated with

gastric reflux, heartburn of pregnancy.

All cases of epigastric and retrosternal

distress where the underlying cause is

gastric reflux. **Dosage instructions:**

Adults and children over 12: 5-10ml

after meals and at bedtime. Children

under 12: Only on medical advice.

**Contra-indications:** Hypersensitivity

to any of the ingredients. **Precautions**

**and warnings:** 10ml liquid contains

4.6mmol (106mg) sodium and 2.0mmol

(78mg) potassium. If symptoms do not

improve after seven days, the doctor

should be consulted. **Side-effects:**

Very rare hypersensitivity reactions.

**Retail price:** 140ml £3.90. **Marketing**

**Authorisation:** 0063/0097. **Supply**

**Classification:** Pharmacy Medicinal

**Product. Holder of Marketing**

**Authorisations:** Reckitt & Colman

Products Limited, Dansom Lane, Hull

HU8 7DS. Gaviscon Advance and the

sword and circle symbol are

trademarks. Date of preparation: June

1998.

① **Reckitt & Colman Products Limited**

## ON TV NEXT WEEK

**Bazuka:** B, G, Y, W, CAR, TT, Sat

**Daktarin:** All areas except GTV, U, STV, CTV, GMTV,

**Gaviscon Advance:** All areas

**Kodak Gold Ultra film:** All areas

**Kodak Photo Service Plus:** All areas

**Listerine antiseptic mouthwash:** GTV, STV, G, A, M, ITV

**Slim Fast:** All areas

**Wella Shock Waves:** Sat

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TSW TV South West, TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire





HEARTBURN

WHEN HEARTBURN'S PAINFUL,  
INSTANTLY SOOTHE IT.

**GAVISCON**  
**ADVANCE**

sodium alginate BP 1000mg, potassium bicarbonate USP 200mg.



# See it and hear it at Chemex '98

The seminar programme running alongside Chemex '98 has become a visitor attraction in its own right, underlining the importance of the event to retail pharmacy professionals.

Major pharmacy trade and professional associations will be presenting on topical issues, and manufacturers will give expert perspectives on their market sector.

With free places available on a 'first come first seated' basis, the seminars offer updates on pro-

fessional affairs and the chance to hear about new product sectors from experts.

A packed programme on Sunday, the best day for independent pharmacy visitors, includes presentations from:

- **Community Pharmacy Action Group** with the Office of Fair Trading's challenge to resale price maintenance coming to court in the autumn, CPAG chairman David Sharpe will give an update on progress.

- **National Pharmaceutical Association Director** John D'Arcy will chair an NPA panel taking questions from the floor.

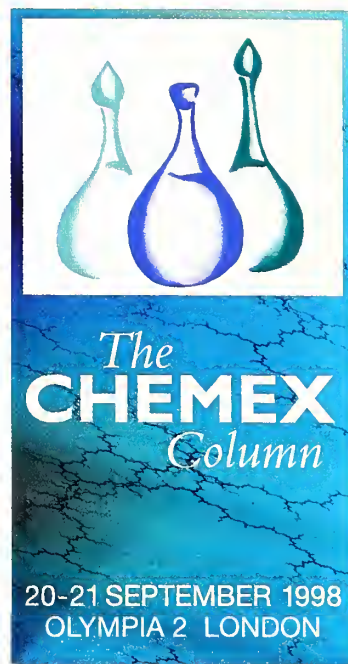
- **Pharmaceutical Services Negotiating Committee** Contractors in England and Wales are being asked to support medicines management.

- **Royal Pharmaceutical Society of Great Britain** With 'Pharmacy in a New Age' still firmly on the agenda, what comes next?

Visitors can learn more about the vitamins and supplements market from Zest; opportunities in the photographic sector from Noritsu; building a business in small electricals from Medielite; and dealing in generics from Norton Healthcare, among others.

And on Monday, for the benefit of industry visitors, the **Proprietary Association of Great Britain's** legal executive Michael Baker will talk about the new advertising code of practice and other regulatory affairs and their impact on promotional practices.

This is only half the story. The OTC Village – an area dedicated



to OTC companies – continues to grow, with major manufacturers Smithkline Beecham and Roche the latest to take stands.

Each exhibitor in the OTC Village will present their own symposium, extracts from which will be published in *Chemist & Druggist* after Chemex '98.

## Need a break? Register for Chemex '98

Pharmacists who pre-register for Chemex '98 before September 1 will be entered into a free prize draw for £1,000 of holiday vouchers.

These can be put towards a holiday of the winner's choice. The winner will be notified before the exhibition and invited to receive the prize on the *Chemist & Druggist* stand.

By pre-registering yourself and your staff for Chemex '98 (don't forget, it could be a useful experience for them as well), you will gain fast track entry to the show. You will also receive a full exhibition preview and a complimentary voucher book detailing dozens of offers from exhibitors exclusively for visitors.

To pre-register call the Chemex '98 hotline on 01203 426482 for a registration form which must be returned by September 1 to qualify for the £1,000 draw.

# The flavour of the future – what's to come with Chemex '98

Seeing and hearing about what's new is why visiting a trade exhibition like Chemex '98 is so worthwhile. Exhibitors give a taste of what will be on offer...

Becton Dickinson will provide a new range of information leaflets for diabetics addressing 'frequently asked questions' about the condition.

Topics include travel, foot care, sharps disposal and hypo/hyperglycaemia guidelines.

Pharmacists will also be able to enrol for the third module of the 'Diabetes Friendly Pharmacy' accredited training programme.

**The pleasures of Eve**  
Leading aromatherapy company

Eve Taylor will be promoting a number of products from the new shower time 'Hydrogels' range to the six blends of Essential Bath Oils. Also at Chemex '98 will be 'a new dimension in face-cleansing'. Made of soft rubber, the brush can be used for all skin types and with any cleanser.

able brush heads, and rechargeable batteries.

## The American way

Natural Science is a new US range of skin care and body care products which will be on show by Ken Lamcraft Marketing.

The range comprises a Pure-line collection for face, body, hair and sun and the Dead Sea Minerals collection of mineral-enriched formulae for face, body and bath. Retail prices range from \$3.95 to \$16.

## Train at Buttercups

Buttercups Training has enrolled 160 students in its dispensing technicians course for community pharmacies in the past 12 months, and the first group has just achieved level III in pharmacy services.

Buttercups Training support staff will be available at Chemex '98 to explain its courses and answer pharmacists' questions.

## Personal care Quest

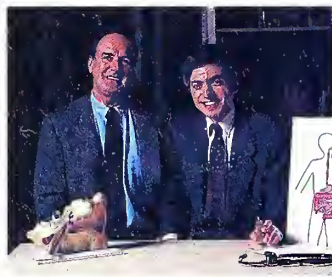
Quest Cotton Products, part of the Altman Group, will become part of Quest Personal Care Products in the autumn and will be introducing new lines including a range of roll-on deodorants. Find out more at Chemex '98.

## Nothing 'Fawlt' about Chemex

Star faces at Chemex will include John Cleese, appearing on Medik International's stand to promote a video series on health problems.

Due on sale through pharmacies from August 1, the 'Videos for Patients' series was devised by Cleese with TV doctor Rob Buckman and star of 'The Goodies' Graeme Garden, who directs and edits the series.

The series covers a variety of subjects, from asthma and diabetes to heart attacks and strokes, with each video explaining a condition's symptoms, diagnosis and treatment. The videos concerning women's issues, such as cystitis or



**John Cleese (left) devised a series of videos with Dr Rob Buckman**

thrush, see Dr Miriam Stoppard joining Dr Buckman.

Medik International has run three pharmacy pilot studies and Chemex '98 is seen as an ideal platform to launch the range to other pharmacies. A special dispenser unit will be available and pharmacies will have the opportunity to pick 'n' mix 20 videos which retail at \$17.50 each.

## New lines

Blackwell Supplies will unveil several lines including a transdermal sun protection mousse and a mouth ulcer preparation. The company will also be promoting its generic chlorhexidine mouthwash and first aid kits.

## Cracking up plaque

Medielite will be selling an electric toothbrush that helped its US manufacturer become the fastest growing private company in the country in 1997, according to one business magazine.

A microprocessor in the brush handle generates 31,000 strokes a minute. At this speed sonic waves are emitted which have been shown in clinical trials to break up plaque.

Exclusive to Medielite and with a two-year warranty, the brush has a built-in two-minute timer to encourage users to keep brushing, fine-bristled replace-

For more information about stand availability at Chemex '98 contact Ian Gerrard, sales director, on 01732 377633, or Simon Page, sales executive, on 01732 377256.



# Nothing reduces fever further...



## acts faster...



## or lasts longer...

**New Nurofen  
for Children  
contains  
Ibuprofen  
which works  
fast on fevers,  
acting within  
30 minutes<sup>1,2</sup>  
and lasting  
for up to  
8 hours.<sup>1,4</sup>**

Nurofen for Children is a new formulation of Junifen and offers fast, effective pain and fever relief.<sup>1,4,6</sup> Pleasantly orange-flavoured and with Nurofen's reassuring safety profile,<sup>7,8</sup> it is suitable for a range of indications in babies and children from 6 months upwards.<sup>9</sup> Sound reasons to recommend Nurofen for Children.

**new**

## The logical choice

**PRODUCT INFORMATION: NUROFEN FOR CHILDREN.** Oral suspension containing: ibuprofen 100mg/5ml. Also contains: Citric acid, Sodium Citrate, Sodium Chloride, Sodium saccharin, Domiphen bromide, Purified water, Polysorbate 80, Maltitol syrup, Xanthan gum, Orange flavour, Glycerine. **Indications:** Prescription only – For symptomatic treatment of Juvenile Rheumatoid Arthritis. **Prescription and OTC:** For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Dosage:** For pain and fever. The daily dosage of Nurofen for Children is 20-30 mg/kg body weight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spoonful may be taken 3 times in 24 hours. Children 1-2 years: One 2.5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 3-7 years: One 5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 8-12 years: Two 5 ml spoonfuls may be taken 3 to 4 times in 24 hours. Not suitable for children under 6 months of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis. The usual daily dosage is 30 to 40 mg/kg/day in three to four divided doses. For post immunisation pyrexia: One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only. **Precautions and Warnings:** If symptoms persist for more than three days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen for Children. Nurofen for Children is not suitable for patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor. **Side effects:** Rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also rashes, and very rarely thrombocytopenia have been reported. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product Licence Number:** PL 00327/0085. **Licence Holder and Manufacturer:** Crookes Healthcare Limited NG2 3AA. **Legal Category:** PDM and P. **Price:** £3.05. **Date:** March 1998. **References:** 1. Watson PD, Galletta G, Braden NJ *et al*. Clin Pharmacol Ther 1989; 46: 9-17. 2. Sidler J, Frey B, Baerlocher K. Br J Clin Pract 1990; 44 (Suppl 70): 22-5. 3. Kauffmann RE, Sawyer LA and Schienbaum ML. AJDC 1992; 146: 622-5. 4. Nahata MC, Powell DA, Durrell DE. Int J Clin Pharmacol Ther Toxicol 1992; 30 (3): 94-96. 5. Schachtel BP, Thoden WR. Pediatr Res 29 (4 part 2) 1991; 124a. 6. Bertin L, Pons G, Duhamel JF *et al*. Fundam Clin Pharmacol 1991; 5 (5): 409. 7. Lesko SM and Mitchell AA. JAMA 1995; 273 (12): 929-33. 8. McIntyre J and Hull D. Arch Dis Childhood 1996; 74: 164-7. 9. Nurofen for Children summary of Product Characteristics. \*than ibuprofen.



**CROOKES  
HEALTHCARE**

**NUROFEN**



**for  
children**

Ibuprofen 100mg/5ml Suspension

Effective Fever and Pain  
Relief for Babies & Children

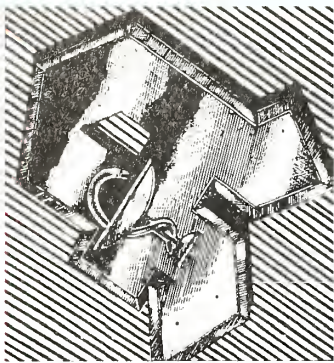


**FROM 6 MONTHS**

SUGAR FREE/COLOUR FREE

Contains Ibuprofen





## Happy with your work?

ABDA is undertaking a major survey to discover whether its members are satisfied with their choice of profession.

A questionnaire, which may be completed anonymously, will be circulated to members in retail, industry, hospitals, academic or administrative institutions.

It is hoped it will help ABDA formulate its strategy and PR activities (no more chocolate in the post?) by providing an insight into the views of all sections of pharmacy. ABDA also wants to find out if the profession approves of its emphasis on developing the concept of pharmaceutical care and raising the profession's awareness about clinical pharmacy, or whether other areas are considered more important.

## Viagra hits Germany

German men are ignoring warnings that side effects of the male impotence pill Viagra could be more serious than was at first thought. As the drug is not yet licensed in Europe, Germans are acquiring it from Swiss pharmacies or importing it from the US.

Although the Swiss federal regulatory authorities have sharply rebuked pharmacies selling Viagra, they are powerless to do more because this is the responsibility of the individual cantons or states in Switzerland.

According to Pill Box Pharmacy, an international pharmaceutical wholesaler in Texas, the first orders from German pharmacists came as soon as the drug was released in America at the end of March and demand has been similar to that from France and Great Britain.

Pill Box Pharmacy is said to be one of the few companies still offering Viagra via the Internet.

According to the German press, Pill Box Pharmacy will only supply private customers if the order is accompanied by a prescription from an American, Canadian or Mexican doctor. This can also apparently be obtained from the Internet, although Pfizer, the manufacturer, has warned against such a practice.

# Sweetener turns sour

German pharmacists' umbrella organisation ABDA came up with a novel idea to boost the four-year-old campaign to improve the profession's image, but the response was possibly not the one the PR team hoped for.

In a survey of 150 owner-pharmacists last summer, 21 per cent said they had not seen the extensive material sent out to every pharmacy in the land to accompany the media campaign. As the series of TV and magazine adverts and pharmacy mailings had cost ABDA's membership a hefty £3 million a year, the organisers were worried, especially because the 1998 strategy was to include a three-stage mailing to 21,300 pharmacists aimed at showing them what a difference their involvement in the campaign could make to their business.

Clearly something was needed to revive flagging enthusiasm, so the PR wizards decided to send every pharmacy owner a small bar of chocolate accompanied by a brief note of encouragement and a pat on the back from

ABDA's president for taking part in the campaign.

In a PS, the note said the chocolate was an experiment to see whether the pharmacist paid any attention to post from ABDA and if he or she used the expensive posters and leaflets sent out.

Many pharmacists were incensed, considering this approach silly and insulting, and regarding the cost (estimated at \$28,000) as a waste of money. This year's campaign, with only half the budget of previous years, had been criticised because it involved an advert purporting to show a male pharmacist with a lipstick-imprinted kiss on his forehead and the slogan 'Intensive advice can leave its mark'. Although members of the public thought it amusing, it was not well received by some pharmacists.

The PR team claimed the campaign had a high approval rating among customers and showed a considerable improvement in pharmacy's public image, but an extensive report by market researchers had mixed results.

Over the campaign's first two years, there was a 15 per cent increase in the number of customers believing it was important to receive advice from pharmacists about prescribed drugs, but there was only a five per cent rise in those who were actually given advice.

The situation was even worse in the field of self-medication. Although the percentage of customers believing advice was important rose from 91 to 97 per cent, the percentage of those receiving advice on their most recent visit to a pharmacy increased from 59 per cent to only 64 per cent.

The PR team decided a new angle was needed for the 1998 campaign, which will concentrate on ways in which pharmacists can help patients understand and use their medicines properly.

The campaign will incorporate a nationwide 'Pharmacy Day'. Whether the chocolate bar was an effective way of goading pharmacists into supportive action remains to be seen.

# Pharmaceutical care on trial in Berlin

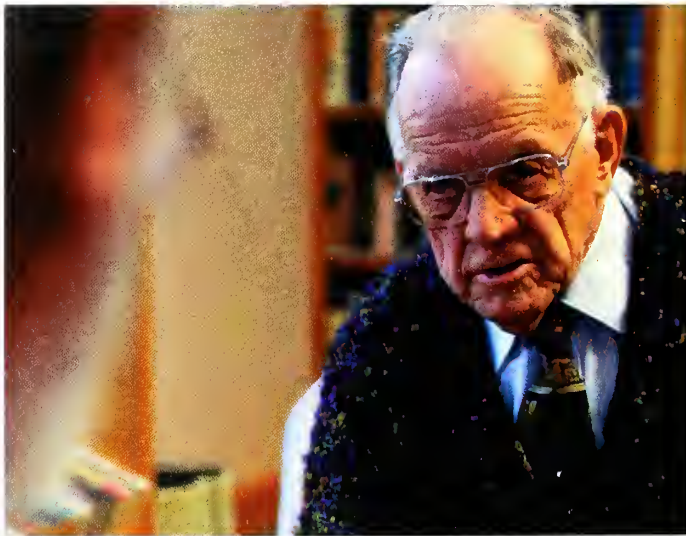
Initial results of a Berlin pilot study involving 15 pharmacists and 110 elderly, multimorbid patients demonstrate the difficulties of translating 'pharmaceutical care' into everyday practice.

The first problem was convincing enough patients of the potential benefits of participating in the study, as they appeared unaware of how pharmacists could assist in optimising their treatment and help them avoid possible side effects.

According to the researchers, this might have been the fault of pharmacists in their previous dealings with the patients. However, this was partly overcome by judging the level of interest and knowledge of potential participants when asked a series of questions about their medication.

Patients were also worried that participation might affect their relationships with their doctors. And, in common with the pharmacists, they were put off by the amount of documentation involved.

Nevertheless, by the end, participants on both sides were convinced of the importance of pharmaceutical care, and of the considerable effort and time



Patients appeared unaware of how pharmacists could assist them

required by pharmacists to undertake it.

Another study is attempting to obtain evidence of the key role pharmacists can play in identifying drug-related problems by asking them to send in simple report forms on incidents they encounter in everyday practice. The forms request brief, anonymous details about the patient; the name, main active ingredient, strength and dosage form of the product; plus a brief description

of the problem and any measures taken (and the length of time needed) to solve it.

The study centre will classify and code the answers under such headings as inappropriate choice or dosage of drug, incorrect use by the patient, drug interaction, side effect, communication, technical or logistical problem. The aim is to develop a computerised system capable of recording and analysing this aspect of pharmaceutical care.



CHEMIST &  
DRUGGIST

MERCK

CONSUMER HEALTH

THE COLLEGE OF  
PHARMACY PRACTICE

This tutorial has been designed to meet the requirement of the College of Pharmacy Practice in providing 1 hour of postgraduate education towards the College's continuing education requirement

Mouth ulcers are an extremely common, potentially embarrassing and painful problem.

About one-fifth of the population suffer from regular outbreaks, with some people experiencing attacks up to six times a year. Here we look at Bioral Gel Mouth Ulcer Treatment, its dual-effect formulation and how it can relieve pain, reduce inflammation and help speed up the healing process of mouth ulcers.

bring you

**BIORAL** GEL  
MOUTH ULCER  
TREATMENT

carbenoxolone sodium

Mouth ulcers are most common in young adults, in whom the incidence is about 60 per cent. Although painful, the condition is not usually serious but if left untreated can take several days to heal. If the ulcers persist or keep coming back, there may be underlying causes or a continuous source of irritation that needs investigating.

ulcers. The former may be as large as 30mm in diameter and can occur in crops of up to ten. They take ten to forty days to heal and are sometimes seen in people with ulcerative colitis.

Herpetiform ulcers are smaller and more numerous, appearing in clusters of up to 100. The ulcers are shallow, round or oval, with a whiter pale grey base and a slightly raised yellowish edge. They are surrounded by a thin, red, inflamed border. Recurrence is so frequent that there seems to be constant ulceration.

### Types of ulcer

About three-quarters of cases are minor aphthous ulcers, particularly prevalent in young people. The ulcers are small (up to 5mm across), shallow, round or oval, with a white or pale grey base and a slightly raised yellowish edge.

They are surrounded by a thin, red, inflamed border.

They occur singly or in groups of up to five. Most

frequently they are found on the edge of the tongue but they can occur anywhere on the tongue, inside the cheek, on the gums and on the roof of the mouth.

They usually appear suddenly, although sometimes they are preceded by tingling or burning. Most clear up within seven to ten days.

Angular cheilitis, an inflammation of the corners of the mouth, is often accompanied by aphthous ulceration inside the cheeks.

Other types of recurrent mouth ulcers include major aphthous and herpetiform

### Other signs and symptoms

● Although some ulcers are painless early signs tend to be pain around the areas prone to ulceration

● Soreness and sensitivity to hot, acid or spicy foods

● Discomfort on chewing, swallowing and - in severe cases - talking. Weight loss may result from difficulties with eating

● Rarely, ulcers may bleed or become infected and discharge pus.

### Causes

Sometimes the cause is obvious, such as irritation from a jagged tooth, but many people never discover the culprit despite extensive investigation.

One theory is that aphthous ulcers may be stimulated initially by oral antigens such as bacteria, fungi or chemicals and recur as a result of an inappropriate immune response influenced by various genetic, nutritional, hormonal and emotional factors. But there is still no consensus on the mechanisms involved.

Common causes or aggravating factors are:

● Mechanical injury - accidentally biting

**DUAL EFFECT**  
**Relieves Pain**  
**Helps Speed Healing**

**BIORAL** GEL MOUTH ULCER TREATMENT  
**BIORAL** GEL MOUTH ULCER TREATMENT  
carbenoxolone Sodium

#### OBJECTIVES

- Know the common type of mouth ulcers
- Understand causes, signs and symptoms
- Know possible OTC treatment and referral points



# BIORAL GEL

MOUTH ULCER TREATMENT

carbenoxolone sodium

the tongue or cheek when chewing, badly fitting dentures etc

- Chemical trauma - from spices, tobacco, alcohol and regular intake of very acidic food or drinks. People with bulimia nervosa may be vulnerable as persistent vomiting brings acid from the stomach into contact with the mouth lining

- Heat - burning the mouth on hot foods or drink

- Stress and emotional upset can provoke a recurrence or delay healing

- Hormonal changes - ulcers tend to start in puberty, may coincide with menstruation and may disappear in pregnancy

- Infections, particularly virus infections such as herpes simplex (cold sores)

- Poor diet - a deficiency of vitamins B12 and C, folic acid and iron have been implicated in some people



- Heredity - mouth ulcers tend to run in families

- Other diseases - people suffering from ulcerative colitis, Crohn's disease, coeliac disease and blood disorders such as anaemia and leukemia may be more susceptible

- Medicines reported to cause mouth ulcers - when dissolved in the mouth include aspirin and other non-steroidal anti-inflammatory drugs, cytotoxics, sulphasalazine, proguanil and the herbal medicine feverfew

- Gluten allergy - exclusion of gluten from the diet may be helpful in some cases. Other food allergies have been suggested but there is little supporting evidence.

## Treatment

Because there are a number of causes, treatment concentrates on relieving the symptoms.

Some mouth pain remedies work by numbing the pain of an ulcer. Bioral gel, a Pharmacy only medicine, has a dual effect - it encourages healing as well as relieving pain and inflammation. It does not sting and stays in

place on application.

The active ingredient, carbenoxolone sodium 2 per cent, is incorporated into a liquid paraffin base which sets to form a thick protective coating over the sore. This protective coating helps prevent further infection and acts as a barrier to acid attack allowing the mucous membrane to grow over the lesion.

Suitable for adults and children over the age of three years, it is best used after meals and at bed time. There are no known contra-indications.

The active ingredient, carbenoxolone sodium, was once a popular treatment for stomach ulcers and is still used in oesophagitis.

## Other self help measures

Sufferers may be advised to:

- See a dentist about irritating dentures or rough teeth

- Avoid food or drinks which are too hot, spicy foods, alcohol and tobacco. Try to find out if specific foods trigger attacks and avoid them

- Good oral hygiene helps prevent complications. Brush the teeth at least twice daily using a soft brush, floss at least once daily and have regular professional dental cleaning

- Reduce stress as far as possible

- Rinsing the mouth three or more times daily with a hot salt solution (half a teaspoonful to 8 ounces of water) may help

- Sip iced water before and during meals

- Drink plenty of fluids and try to eat a good diet while the ulcer is healing. To minimise pain, sip liquids through straws.

## Refer to a doctor or dentist if:

- The pain is unbearable and is not relieved by over the counter remedies

- The ulcers last more than three weeks

- If there are lumps or growths in the mouth, or leucoplakia (white lumps that cannot be scraped off)

- If ulcers bleed or become infected.

- If the ulcers may be linked to prescribed drugs which the patient may be taking

- Ulcers which are particularly large, occur in large numbers or look like cold sores in the mouth

- Ulcers accompanied by swollen glands, feverishness, general malaise and weight loss

- Patients with recurrent diarrhoea and ulcers. These may be symptoms of coeliac disease, Crohn's disease or ulcerative colitis

- Recurrent ulceration accompanied by uveitis (pain and redness in the pigmented area of the eye), genital ulcers and skin bumps and sores on the trunk, arms and legs. These are symptoms of the rare Behcet's disease.

## Test your understanding

This tutorial, together with the following questions, provides one hour of continuing education. Test your understanding by answering these questions, then check your answers by phoning our computerised Telephone Marking Service

on **0990 27 44 26** for an immediate result. Just listen to the instructions and press buttons 1 or 0 to indicate your answers. "1" indicates true; "0" indicates false.

College of Pharmacy Practice members or pharmacists reaching the required 70% standard and requiring a Certificate of Completion should send a signed photocopy of this completed questionnaire to: Sue Cheeseman, Pharmacy Group Special Projects, Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. (Please note that calls are charged at standard national call rates only.) Assistants who reach the same standard should do likewise. They will be sent *Chemist & Druggist* /Merck Consumer Health certification.

Please enter below your name and status (eg 'pharmacist', stating RPSGB/PSNI number, or 'assistant'), pharmacy, address, phone number:

.....

.....

.....

.....

.....

### 1. Minor aphthous ulcers last over three weeks

☐ Yes ☐ No

### 2. Folate deficiency may be a contributory factor in recurrent ulcers

☐ Yes ☐ No

### 3. Food allergy is a major cause

☐ Yes ☐ No

### 4. Ulcers may be associated with irritable bowel syndrome

☐ Yes ☐ No

### 5. People with very painful ulcers should not brush their teeth

☐ Yes ☐ No

### 6. Bioral can be recommended in pregnancy

☐ Yes ☐ No

### 7. It should be used before meals to protect the ulcer while eating

☐ Yes ☐ No

### 8. Gargling with aspirin can be recommended to ease ulcer pain

☐ Yes ☐ No

### 9. Ulcers lasting more than three weeks should be referred to a GP

☐ Yes ☐ No

### 10. Patients with recurrent diarrhoea should be referred to a GP

☐ Yes ☐ No

## PRODUCT INFORMATION FOR BIORAL GEL.

**Presentation:** Bioral Gel containing carbenoxolone sodium BP 2%. **Uses:** For the treatment of mouth ulcers.

**Dosage and Administration:** For buccal administration only. Apply thickly to the lesion after meals and at bedtime. Should be allowed to remain on the ulcer as long as possible. **Contra-indications/side effects:** None.

**Warnings:** Review treatment and diagnosis if the mouth ulcer fails to heal within three weeks after commencing medication. **Legal category:** P **Package Quantity and Cost Price:** 5g tube, £3.02

**Product Licence Number:** PL 1932/033 **Licence Holder and Manufacturer:** Merck Consumer Health, Hedon Road, Hull HU9 5NJ **Date of preparation:** March 1997



# Reaching for the soap...

The British spend over £475 million a year on washing themselves and wallowing in bath additives – more than they spend on washing their clothes or eating ice cream

Soap still dominates our washing routines and is used on 70 per cent of occasions. Market growth this year is expected to come from premium priced skin-friendly body washes and bar soaps, as well as innovative, heavily promoted shower products.

Bath liquids, at \$141m, form the largest sector in value terms and are growing at 4 per cent. Bar soaps, worth \$132m, are still much more popular than liquid soaps at \$35m but the latter is the fastest growing sector and increased 19 per cent last year. Shower products, at \$100m, have perhaps the greatest potential (Information Resources Inc, year ending April 19).

Showering continues to replace bathing, except for children under ten, says Neill Craigie, sales director at Cussons.

"Bathing is more about relaxation than washing," he says. "It's more of an opportunity to switch off and escape."

Although shower gels showed nearly 20 per cent growth last year, many people who shower still use soap. Of the 77 per cent of households that own a shower, 65 per cent use it once a week but only about half use a specific shower product.

Those who shower do so more often than those who take a bath – 4.2 times a week on average compared with 3.2 times a week for bathers. Growth in the shower gel market, however, is coming from more people turning to showers rather than enthusiasts showering more often, says Mr Craigie.

Cussons predicts that shower gels will be the largest sector by the year 2000. The sector still has tremendous potential for growth, both by bringing more people into the market and by encouraging existing users to trade up to premium products.

Elida Fabergé has noticed that consumers become more involved in their shower gel purchase than they are when buying bar soaps. They will linger around the fixture deciding which brand to choose, studying packs and sniffing the contents.

Another contrast with bar soaps is that, when buying shower gels, consumers may have a particular product type in mind on entering the store but will often



decide on the brand at the fixture.

"This would automatically indicate more potential to influence purchase in-store, and potential to trade consumers into the premium, more profitable brands," says Elida Fabergé.

Consumers are more experimental in this sector than others and enjoy trying different brands. Growth is coming from brands with 'value added propositions' such as skin-friendly, moisturising or invigorating.

Elida Fabergé points out that shower gels have a higher use-up rate than bar soaps so need to be bought more often, although Cussons' research shows that consumers buy only three packs a year on average, showing potential for growth.

Bath liquids are considered the most enjoyable of all personal wash purchases, says Elida Fabergé, and consumers appreciate an interesting range covering all propositions – skin-

friendly, creamy/moisturising, herbal and kids/family.

## What customers want

Research by Cussons shows that consumers have three major needs when choosing a personal

wash product – effective cleansing, skin care and something that is enjoyable to use.

Over 600 in-home interviews revealed a need for different products for different members of the household.

There was a wide ranging concern about skin care but enjoyment was still important, with people choosing different products and fragrances to match their mood. Showers were seen as cleaner, more invigorating, quicker and less drying than a bath.

Bar soaps were seen as the most economical product (by 57 per cent) and convenient (41 per cent) when compared with shower gels, which only 15 per cent classed as economical and 23 per cent as convenient. Slightly more of those questioned thought liquid soap was less messy than bar soaps but only 24 per cent perceived them as convenient to use and 34 per cent regarded them as expensive.

When looking for a shower gel the key requirements were that it should clean well, be refreshing, produce a rich lather, not irritate or dry the skin and be suitable for the whole family.

## Body washes

The relatively new body wash category is also expecting bumper growth this year, according to Johnson & Johnson. Much of this increase is likely to come from the conversion of soap users, whose loyalty to soap stems from a dislike of shower

Continued on P22 ▶



Radian B bath products are supported as part of the whole range



◀ Continued from P21

gel and a feeling that only soap really gets you clean.

Body washes, which are suitable for the bath or shower, are valued at \$35m. Johnson & Johnson says its new pH 5.5 body wash is neither a shower gel nor an ordinary soap, but combines the best of both with its cleansing and moisturising properties.

Another trend in recent product introductions is to include a puff to generate a lather, making a little go a long way, and to exfoliate the skin, making it feel softer and smoother.

A puff is included with pH 5.5 body wash, with Laboratoires Garnier's recently launched Garnier Nutralia Softening Shower Kit and with Oil of Ulay's Moisturising Body Wash System.

Adding moisturiser to a washing formulation reduces its foaming ability. Oil of Ulay's latest product contains 75 per cent moisturiser, but the net structure of the puff helps to trap a film of product; when the puff is squeezed, air is blown through the film to produce bubbles. Unlike flannels and sponges, which remain damp and harbour bacteria, the Ulay puff dries quickly. It can also be washed in a washing machine.

## 'Therapeutic' use

Research carried out for Radian B found that 6 per cent of adults use a bath additive for pain relief and 6 per cent of adults use aromatherapy oils as a bath additive.

Nine per cent of those using bath additives for pain relief use them daily, 36 per cent weekly, 20 per cent monthly, 14 per cent less

often and 21 per cent only when they ache.

Of those using aromatherapy oils in the bath, 12 per cent do so

## In search of silky softness for skin

The enthusiasm for daily bathing or showering continues to increase demand for skin-friendly, moisturising personal wash products.

The surfactants found in most ordinary bathing products can remove lipids from the stratum corneum and damage the skin's epidermal water barrier. This reduces the skin's water content, causing dryness, itching and flaking.

The alkaline pH of many washing products can also destroy the skin's natural protective barrier, making it appear dull and become more susceptible to irritants and bacteria.

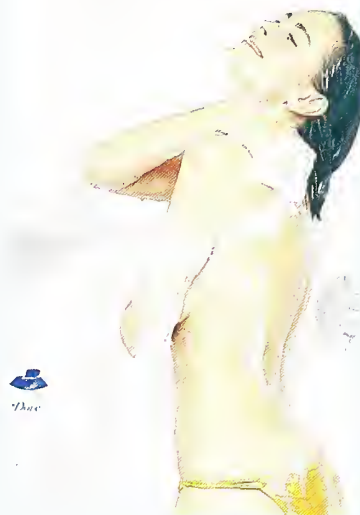
People who already have a sensitive skin or who suffer from common dermatoses are particularly at risk. Babies and young children have thinner skin than adults and, because some of the glands are not yet functioning, it lacks some of the protection that develops later. Another vulnerable group are older people – as the skin ages its moisture level decreases.

In more severe cases dry skin can cause psychological problems. A survey for Roche Consumer Health found that 87 per cent of 400 people with problem dry skin thought it had a negative effect on their wellbeing. Two-thirds said they

daily, 28 per cent weekly, 36 per cent monthly, 18 per cent less often and 4 per cent only when in pain.

felt more stressed and anxious.

All those aged between 16 and 20 felt more self-conscious, while 74 per cent of the under 30s and 51 per cent of 31-40-year-olds felt less attractive when suffering from dry skin. Manufacturers are responding with mild, hypo-allergenic, pH neutral washing products with added moisturisers that help preserve the skin's external lipid layer.



Sales of the Dove range, which targets consumers looking for a non-drying wash, increased 17 per cent last year, says Elida Fabergé

## Who buys what

Cussons has identified seven categories of consumer, based on attitudes to personal wash products. The information helps the company target its advertising and design packs. It might also help pharmacists who know their customers well, to decide how to display and promote bathcare items.

### ● Category crazies

These people buy all the latest products, are not particularly price sensitive and prefer brands to own label. If browsing in the shop they read the packs, so on-pack information is important. They are mostly women aged 25-34 with active social lives. They are a key target for new, added-value products and accounted for 19 per cent of the 600 consumers questioned.

### ● Thrifty concerned

These consumers are similar to the category crazies, but are on a

tighter budget. They know what is going on in the market place but they buy added-value products only when on special offer. They tend to go for larger, better value pack sizes (12 per cent of consumers surveyed).

### ● Shower freaks

This category is biased towards men, mostly young and upmarket, who are enthusiastic about showering and not particularly price conscious. They like to feel invigorated and 'squeaky clean'. They are a key target for new added-value products such as Imperial Leather Foamburst. (20 per cent of consumers).

### ● Sensible selectors

This group consists mostly of older, more upmarket women who are more skin aware and choose pH neutral products. Rather than going for fragrances and indulgence, they are more interested in products that are good for the skin and can be used by the whole family. (17 per cent).

### ● Promiscuous practicals

These people prefer bathing to showering and will buy any bath liquid that takes their fancy at the time. Both male and female, aged 25-34, they are not particularly brand loyal so are not a target for advertising. (13 per cent).

### ● Unsophisticated bathers

They prefer baths to showers, are hygiene conscious and like antibacterial products. Often parents of children under ten, they find bathing a way to relax away from the rest of the family, and watch a lot of television (but not necessarily in the bath!). (10 per cent).

### ● Cynical pragmatists

These tend to be single, down-market males who do not enjoy washing and are not concerned about skin care. Soap and water is enough. They choose the cheapest soap available and are cynical about product claims. They would probably buy from Kwiksave rather than a pharmacy. (11 per cent).

## Distribution trends

Cussons says pharmacies are losing out to grocers in the personal wash market. In the year to January 25, pharmacies excluding Boots had 8 per cent of the bath liquids market, nearly 6 per cent down on the previous year, 4.7 per cent of shower products (down 4.6 per cent) and 6.6 per cent of bar soaps (down 11 per cent). But pharmacies' share of liquid soaps grew 20 per cent, although only from 1 to 1.2 per cent.

## Top ten brands

### Bath liquid

Radox  
Johnson's baby standard  
Johnson's baby moisturising  
Grosvenor  
Badedas  
Euromark  
Johnson's pH 5.5  
Matey  
Nutralia  
Radox Solutions

### Bar soaps

Imperial Leather  
Dove  
Simple  
Pearl  
Fairy  
Palmolive  
Lux  
Pears  
Shield  
Camay

### Liquid soaps

Carex  
Radox Supersoap  
Imperial Leather  
Dettol  
Dove  
Palmolive Softwash  
Johnson's pH5.5  
Sanex  
Johnson's baby  
Radox Wheatgerm

### Shower products

Radox Showerfresh  
Imperial Leather  
Lynx  
Johnson's pH5.5  
Nutralia  
Palmolive Shower & Creme  
Sanex  
Gillette Series  
Dove  
Palmolive Nourishing

### Bath salts

Radox  
Dead Sea  
Tara  
Badedas  
Malki Dead Sea  
Sanex  
Luma  
Bronnley  
Crabtree & Evelyn  
Grosvenor

Source: Information Resources Inc (previously IRI Infoscan). Year ending April 19 1998.





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\*Source: Independent Pharmacy Audit



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**Diocalm Ultra Essential Product Information. Presentation:** Capsules with opaque turquoise caps and opaque white bodies. Each capsule contains Loperamide Hydrochloride EP 2.0mg. **Uses:** For the symptomatic relief of acute diarrhoea. **Dosage and Administration:** For oral administration. **Adults and children aged 12 years and over:** Two capsules immediately, followed by one capsule after each further bout of diarrhoea up to a maximum of 8 capsules in any 24 hours. Not to be given to children under 12 years. **Elderly:** The adult dose may be taken. **Contraindications, Warnings etc:** **Contraindications:** Hypersensitivity to the active ingredient. Conditions where inhibition of peristalsis is to be avoided, eg. Constipation, diverticular disease and acute ulcerative colitis. **Other Special Warnings and Precautions:** The product should be used with caution in cases of impaired liver function. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm Ultra, it is important to replace body fluids lost during diarrhoea. If symptoms are severe, rehydration therapy should be taken. If you are pregnant, consult your doctor before use. **Use in Pregnancy and Lactation:** The product should only be taken under medical supervision. Caution is advised during lactation. **Undesirable effects:** Rarely skin rashes including urticaria have been reported. **Overdosage:** The following effects may be observed in cases of overdosage: constipation, ileus and neurological symptoms. Treatment would be symptomatic. In severe overdose naloxone can be given as an antidote if required. **Legal Status:** P. **Pharmaceutical Precautions:** None. **Packs:** Packs of 6 and 12 capsules. **Price:** RSP 6 capsules: £2.89. 12 capsules: £4.85. **Product Licence Number:** PL11314/0068. **Product Licence Holder:** Seton Products Ltd, Tubiton House, Oldham OL1 3HS, England. **Distributor:** Seton Healthcare Group plc, Tubiton House, Oldham OL1 3HS. **Date of Revision:** March 1996.



# Put talent on display

Consumers spend up to two and a half times longer at a personal wash fixture in a pharmacy than they do in a grocery outlet, according to Elida Fabergé Shopper Research. The reason is that pharmacies are inherently more 'involving' store environments which are, therefore, ideal for enhancing performance in this category and encouraging consumers to trade up to the more premium brands. This is where the real potential to increase profitability lies, the company says.

To make the most of the personal wash fixture:

- Maximise space on supported brands. Double up on spacings for the faster selling, heavily advertised brands as they will be uppermost in consumers' minds.
- Block merchandise brands. Customers identify the different sectors by brand, so block merchandise them. Again, focus on the supported, fastest-selling brands (such as Dove, Imperial Leather, Radox).
- Block merchandise each sector. Make sure the four sectors – bars, shower gels, bath liquids and liquid soaps – are clearly differentiated. Keep shower and bath on different shelves, similar packaging can confuse.
- Focus on premiums. Prime positioning of premium brands will encourage consumers to trade up.
- Put liquid soaps on the top shelf. This sector has lower penetration so fewer people shop it.
- Keep the shelves and the products clean. Customers buying personal wash products are in hygienic mode. Don't put them off with dusty shelves!

● Make good use of PoS. Encourage consumers to try more premium brands by making them stand out.

● Keep brands with similar propositions together. This makes the purchasing decision easier.

● Cut out space-wasters. Pharmacies often sell slow-selling lines in personal wash that contribute little to the overall breadth of proposition. Replace them with fast-sellers.

Remember: Fewer facings = a cleaner fixture = improved perception of choice for the consumer.

Cussons has produced a recommended planogram (see diagram) for pharmacies. Key recommendations are:

● Dedicate more space to the rapidly growing shower category, which is expected to be the largest in personal wash within two years.

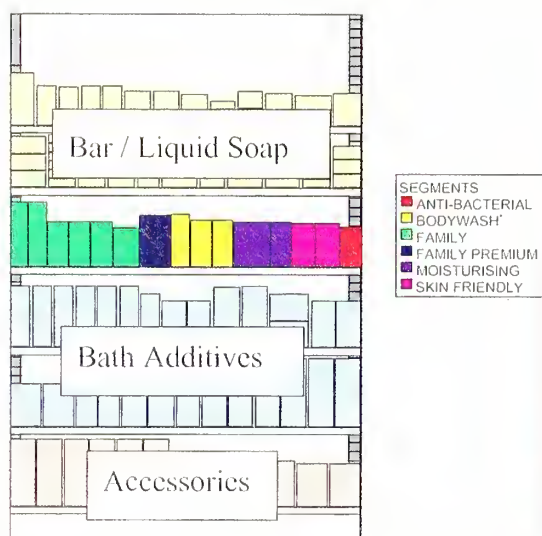
● Clearly block by segmentation to make shopping easier, for example, place all moisturising brands together.

● Place the shower gel shelf above the less dynamic bath liquid sector.

Neill Craigie, Cussons sales director, says that customers have more time to browse in a pharmacy.

"So encourage them to look around instead of going elsewhere. Make sure you have a modern and up-to-date range, clearly signposted as to the different categories and make the most of display material. Try to convert people from standing around doing nothing to making a purchase they wouldn't otherwise make."

PHARMACY 1 BAY FIXTURE  
SHOWER GEL SEGMENTATION AS AT MAY 1998



Cussons' pharmacy planogram capitalises on heavy advertising in the shower sector this year

# Making their debuts

● Imperial Leather Foamburst gel is the first post-foaming shower gel in an aerosol. When dispensed, the clear gel bursts into a creamy lather. It contains mild cleansing agents and moisturisers and comes in four variants – Delight (with extra moisturisers), Vitality (with fresh aromatics), Radiance (with vitamin E) and Fitness (with menthol for an invigorating shower after exercise). Cussons is spending \$7.5 million on the launch, said to be the largest on a shower gel product. Advertising will be accompanied by nationwide sampling. For three months over the summer, there will be demonstrations at major shopping centres. PoS includes a counter top unit and shelf wobblers, available through national pharmacy wholesalers.

Imperial Leather shower gel 250ml hooked packs now have a non-drip cap system to minimise waste. A flexible valve system dispenses gel when the pack is squeezed and then retracts, drawing the gel back inside.

● Colgate Palmolive has introduced a range of shower gels containing vitamins and fruit extracts. The three variants – renewing, toning and revitalising – will benefit from a \$3 million marketing support package this year, including regional television advertising.

● Morny's Peaches & Cream is a range of soaps, bath and shower gel, moisturising body lotion and luxury body powder, each available at a special introductory price of \$1.99 instead of \$3.35 for the soaps and \$2.85 for the other products. At the end of June, International Classic Brands is offering one free case with six cases of assorted Morny products.



A post-foaming first for Imperial Leather

● Australian Bodycare has introduced a treatment cleansing bar which looks like a soap but is completely soap-free. The vegetable-based bar foams when it comes into contact with water. It contains the antiseptic 2 per cent tea tree oil and glycerine to soften the skin.

● Clear Breathe Bath Oil (150ml, \$6.99) is an addition to Tisserand's bath oil range. It contains black spruce and red myrtle which have antibacterial properties, grapefruit and lemon whose limonene content has been used to loosen mucus, together with eucalyptus and peppermint. A nourishing base of avocado and coconut oils helps condition the skin.

● Four of the five new Eve Taylor (London) Ltd Aromatherapy Treatment Programmes contain a bath oil as an integral part of the 60-day routine. They are available exclusively through pharmacy.

● Next month, Sara Lee Health and Beauty Care is launching Essence of Radox, a range of essential oils designed to simplify aromatherapy labelling and presentation. They can be added to the bath, inhaled from hot water, used in massage or as a fragrance in a burner. The seven variants are rosemary, ylang ylang, lavender, orange, eucalyptus, peppermint and tea tree (5ml, \$2.99).

● Stiefel Laboratories recently launched Oilatum Junior Flare-up bath treatment, containing antibacterials in a mineral-oil based emollient. It helps soothe the skin while killing the *Staphylococcus aureus* which is linked with eczema flare-ups. The company has produced a pharmacy category planogram detailing the leading dry skin and problem



Oilatum Junior Flare-up helps soothe the skin



scalp brands. The Oilatum range is being supported with public relations activity in 1998.

● Procter & Gamble is spending \$22m in the coming year on its new Oil of Ulay moisturising body wash, a liquid and puff cleansing system for use in the bath or shower. This includes

\$13.7m on television, \$1.3m on press and public relations, and sampling to 14.3m households in July. PoS material is available.

● Farrow & Humphreys has recently introduced a new fragrance, fresh lavender, to its Natural Extracts range of bath and skin care products.



Peaches & Cream introductory offer from Morny

## Promotions in the bath

● A \$200,000 summer marketing campaign is supporting Fenjal Beauty Spa. The main focus is national press advertising, aimed at women between 30 and 54, in the colour supplements of several leading and Sunday newspapers. Further support is planned for later in the year. The hypo-allergenic, pH balanced, soap-free range was launched last July to provide women with a complete skin rejuvenating system, after research highlighted a lack of specialist body treatments. More than 20 per cent of face creams are being used by women on their bodies.

● Johnson's pH 5.5 body wash is being supported by national press and poster advertising, sampling and, during June, a 'buy one get one free' promotion.

● Dove is being supported by a \$4 million media spend during

1998, a targeted sampling campaign and in-store promotions. Elida Fabergé says Dove sales showed a 17 per cent year on year growth in 1997.

● The UK's oldest soap brand, Pears, has remained unchanged since its birth almost 200 years ago. Each bar is still hand-polished and takes two months to perfect. The natural formula – glycerine, rosemary, cedar and thyme – also remains the same. An advertising campaign, accentuating the product's heritage, will appear throughout the year in high style magazines such as Vanity Fair and Vogue.

● Four body and bathcare ranges from Creightons are being supported by consumer media public relations. Mazarin, Tamarin, Mageia and Turquoise blend natural oils and extracts with skin conditioning ingredients.



The Fenjal beauty campaign is aimed at 30-54-year-old women

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# Information and communication

The Proprietary Association of Great Britain joined with the NHS Executive to present a one-day conference, 'Health in the Information Age – Rights and Responsibilities' at last Thursday's start of a series of events commemorating the NHS' 50th anniversary

Communicating good quality information to patients about ailments and the health services is going to take on increasing importance in the new NHS, health minister Baroness Jay has stressed.

With people wanting to look after themselves and make their own choices, they need to be informed to be able to discuss their health. "We need to ensure that information is of the highest quality – it must be understood and be accessible to the people who use it," she said.

Baroness Jay was addressing representatives of the pharmaceutical industry, the NHS, primary and secondary health professionals and patient groups at the Natural History Museum in London. "We do have to adapt to the demands of society which are very different from 1948," she said.

Part of the change has been the Government's role in empowering the public. Through the Patient's Charter and a forthcoming successor, the New NHS Charter, the Government is seeking to increase awareness of patients' rights and responsibilities.

Important in the new charter will be the emphasis on stan-



The conference was promoted by the Proprietary Association of Great Britain in collaboration with the NHS Executive as part of the NHS' 50th anniversary events. Pictured from the left are Professor Michael Schofield, chairman of the NHS 50th Anniversary Steering Group, health minister Baroness Jay, PAGB president Dieno George and PAGB director Sheila Kelly

in the new charter," said Baroness Jay.

But one of the failings of the NHS has been getting the message across. It has excellent services, but does not always communicate this to the user.

Communication is not just a one way process. It must also be about the responsibilities of people using the NHS. The Baroness was particularly concerned about the number of appointments not kept and the way GPs are called out unnecessarily. "I was horrified to learn that millions of appointments are lost because people do not turn up. It is hard to guess how much this costs the NHS but it could be up to \$350 million per year," she said.

Pointing out that two-fifths of GPs' time is spent dealing with minor ailments, she said the Government wants to encourage OTC medicines.

But people need to think about the way information is given, she suggested. Citing the comments of Greg Dyke, an adviser to the new Charter, she said that some of the most valuable information is that designed for those with learning difficulties. Giving patient leaflets a "tabloid" approach could convey the right messages about a medicine far better than the densely typed long lists currently inserted into packs.

A more positive aspect of communication had been demonstrated with NHS Direct, the telephone advice line for patients staffed by trained nurses. Explaining its success she said:

"It does offer comfort and reassurance as it enables people to feel they can access information quickly and easily."

Suggesting that there could be too much information at times, Baroness Jay said that the messages needed to be clear, correct and consistent. Concluding, she urged: "We have got to explore the information highway."

## Changes

Jo Leneghan, research fellow in health policy at the Institute for Public Policy Research, pointed out the changes taking place in society and how they are impacting on health provision.

For example, although the public now recognise that the pharmacist is a source of good advice, people are not following their own beliefs and turn instead to their GP. Ms Leneghan wondered if the public perceive the moves to get them to use OTC medicines more as cost cutting? "Who do people trust to give them advice?" she asked.

Where once GPs were trained to be advocates of patients, they now respond to the community in the way they spend budgets. Similarly, the relationship between patient and GP is changing. Instead of the patient having absolute trust in the GP, the GP needs to earn that trust.

Changes in perception about the nature of an illness are occurring. Citing the recent publicity for the 'impotence pill', Viagra, Ms Leneghan asked: "What is illness? Just because we can treat

something does not mean it is a disease."

Additionally, the growth of consumerism in the health service and society places more emphasis on pluralism. Patients are being encouraged to be 'consumers' by influences such as the media. But at the same time, NHS resources are finite, so a person using the NHS should think: "By my action I may be preventing someone else from treatment."

Pharmacy is a good example of this pluralism. "There is the tension between consumerism and citizenship. The increase in OTC medicine is a silent revolution, moving towards consumerism. So are pharmacists health care professionals or shopkeepers?" Ms Leneghan pondered.

## Who can advise?

Communication is paramount to the future of partnership, said Dr Ian Banks, of the Doctor Patient Partnership.

The nuclear family is no more and there are increasing numbers of single mothers and single fathers. The knowledgeable 'grandmother' is not on hand to give advice, so often the GP could be the only person to turn to.

The DPP was established to promote improved responsible use of the health services and to improve self-medication. Although once vilified by the medical profession, it now welcomes patient self-medication so long as it is safe and appropriate, he said.

Part of the need to relieve pressure on GPs stems from growing media coverage of health issues. But the rise in consumerism – "we are a 24 hour society" – means people expect service on demand. This was encouraged by the Patient's Charter which tended to raise inappropriate expectation among patients.

GPs have seen a "massive increase" in the number of consultations, although the population has stayed fairly static and the number of GPs has increased.

DPP campaigns have been perceived negatively by some groups as suggesting "don't bother your doctor". This is not true, said Dr Banks. "It is a recognition that patients have a brain and can work out what is wrong, but when patients know they are out of their depth, they know which health professional they should turn to – pharmacist, doctor or other health professional."

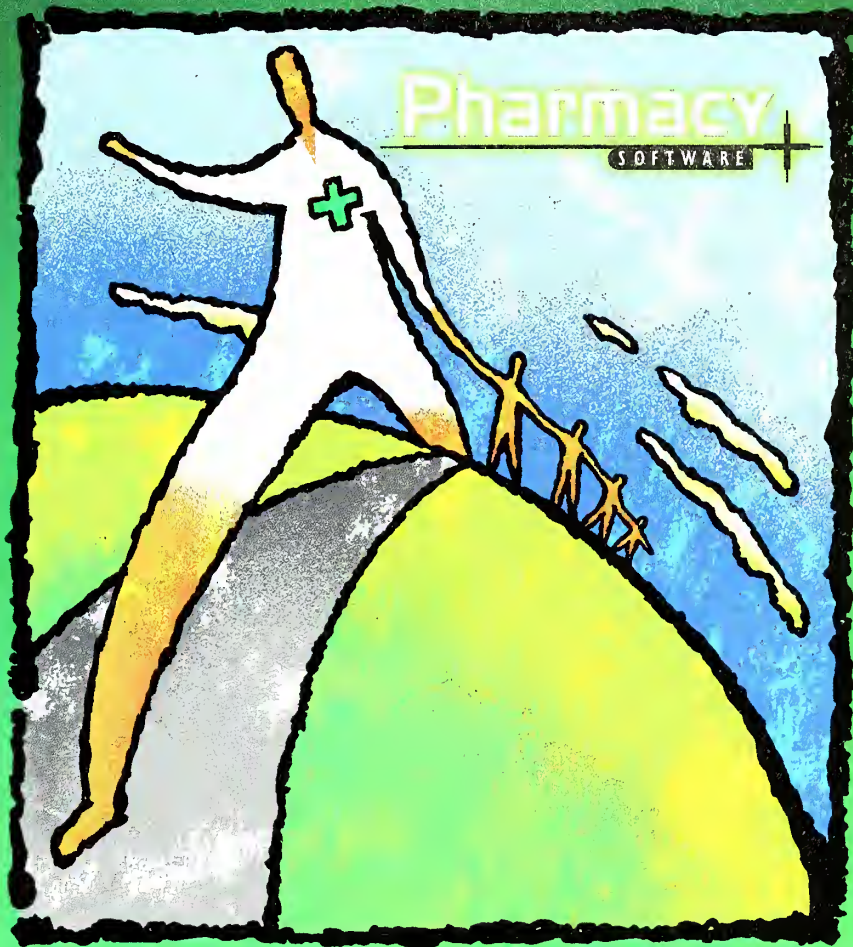


**PAGB director Sheila Kelly said people want information so they can make up their own minds, rather than have an 'expert' filter. If health professionals want to talk with patients and make an impact, they have to tap the trust people have with their doctor**

dards of care and the need to measure the things people want to know about, rather than just monitoring activities which give no real perspective of the patient's experience of the NHS. "We do want both users and health care workers to have a say



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# Pharmacy

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# The healthy horse

In his fifth article on companion animal health care, **Dr Michael Jepson, FRPharmS**, of the Department of Pharmaceutical Sciences, Aston University, looks at the most common conditions which afflict horses

**T**here are about 870,000 horses in the UK. Most are for riding, although interest is increasing in reviving the use of heavy breed draught horses.

A large proportion of horses and ponies are kept at livery stables and riding schools. Shared grazing is the norm and makes the need to worm horses regularly imperative to maintain good health. A worm control programme for horses is essential and can offer opportunities for community pharmacists.

Livery stables and riding schools will already have suppliers of horse wormers and are only likely to change if dissatisfied. Keepers of horses and ponies, other than in the course of a business and not stabled at livery, can obtain supplies of

## Animal dressings

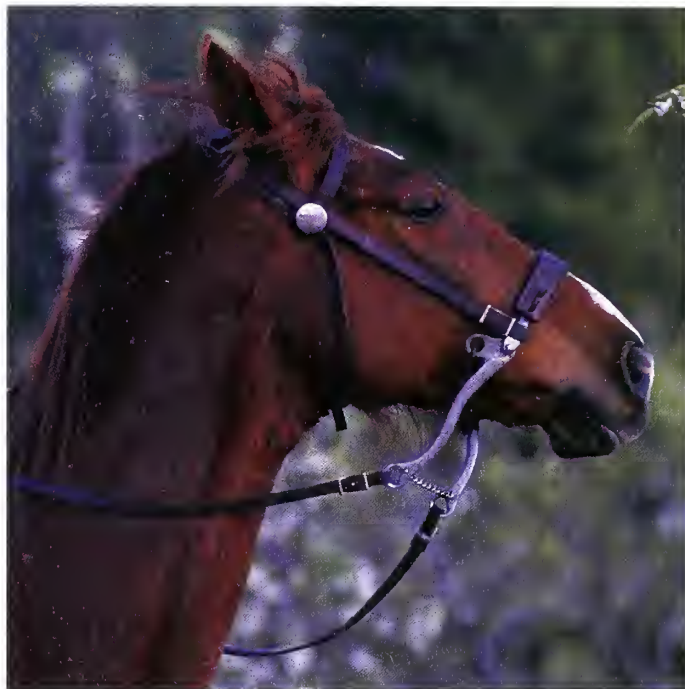
Veterinary wound dressings have been slower to develop than those for human use.

In recent time, the Surgical Dressings Research Unit at the Welsh School of Pharmacy, Cardiff, has made a major contribution to correcting this situation.

The value of using appropriate dressings such as semipermeable adhesive films (Tegaderm and Opsite) on wounds where granulation tissue is established and wound exudate is declining in order to accelerate re-epithelialisation, is increasingly recognised.

Adhesive hydrocolloid dressings (Granuflex, Comfeel and Tegaserb) applied to the rumps of horses have resulted in a decrease of up to 30 per cent in healing time, from injury to hair regrowth, and will remain in situ.

A pharmacist's knowledge about modern wound dressings can help strengthen relationships with veterinarians and animal owners.



It is important for horse owners to regularly worm their animals

PML wormers either from their vet or from a pharmacy.

It is illegal for merchants and registered saddlers to supply PML products to non-commercial users. So, if pharmacists in suburbia as well as more rural areas acquire some basic knowledge about animal care and products, they are in a position to exploit the scope which exists.

## Equine parasites

Nematodes or roundworms are the most common group of equine parasites, and horses can be host to the worms at certain stages of their life cycle.

The principal parasitic worms infecting horses are described below, frequently referred to in data sheets on anthelmintics. A properly planned and recorded worm control programme encompasses comprehensive treatment of these endoparasites.

**Worms in foals** Foals are young horses of either sex up to a year old. They start to eat grass between three and four weeks of age and are weaned at 4-6 months. Large roundworms (ascaris) and threadworms are the most important endoparasites.

● Large roundworms (*Parascaris equorum*) can be over 30cm (12 in) long, and one female parasite can lay up to 200,000 eggs a day. The eggs are resistant to disinfectants and can survive for years outside the horse.

The sticky outer coating of eggs enables them to stick to

most surfaces including feeding bowls and stable walls. Foals can carry over 1,000 adult roundworms, which can result in severe ill-thrift.

● Threadworms (*Strongyloides westeri*) only cause disease in very young foals. Infective larvae are passed via the mare's milk causing diarrhoea in the very young foal (diarrhoea may be due to other causes such as bacterial infection, and requires veterinary advice). Foals can be infected via the skin in unhygienic conditions. Fenbendazole, ivermectin or oxbendazole will control worms in foals (Table 1).

**Worms in horses** Redworms, pinworms and lungworms are the most important endoparasites.

● Large redworms (*Strongylus vulgaris*) cause the most serious worm infection in older horses. They are a common cause of recurring bouts of spasmodic colic – a debilitating condition which can kill a healthy horse.

The eggs are passed in faeces, contaminating pasture. Up to 30 million eggs a day can be passed by an unwormed horse. The infective larvae develop on the grass and are ingested by grazing.

The larvae then penetrate the gut wall and migrate to the cranial mesenteric artery causing damage and the formation of blood clots. If these clots break off and obstruct a major artery to the gut, irreversible damage may ensue and the horse may die.

The mature larvae return to

the gut to develop into egg producing adults (1-5cm long), which attach themselves to the gut-lining, causing blood loss.

● Small redworms (*Cyathostomes*) have a life cycle which differs from that of large redworms. The ingested infective larvae pass to the large intestine forming nodules in the gut wall.

The time taken for larvae to develop into adults varies from less than three months to much longer. Significant infection results in ill-thrift, anaemia and possibly diarrhoea and constipation.

Both small and large redworms are controlled by routine anthelmintic dosing. Over 80 per cent of larvae may be removed by use of either increased dosage in accordance with product Data Sheet guidance, or by use of routine dosage for five consecutive days within an overall control programme.

● Pinworms or seatworms (*Oxyuris equi*) as adults live in the large intestine. The female lays cream coloured eggs on skin around the anus. Intense itching results, causing the animal to rub the tail area. They are controlled by routine worming, so are not usually a serious problem.

● Lungworms (*Dictyocaulus arnfieldi*) can be up to 6cm long. The larvae migrate to the lungs where they mature.

Infections in the horse frequently cause coughing (coughs can also be caused by bacterial or viral infections and require veterinary advice). Up to 90 per cent of donkeys may be infected but few show any ill-effects.

Formulations containing ivermectin or mebendazole are licensed for the control of lungworms. It is good management practice to keep horses and donkeys on separate grazing.

● Bots (*Gasterophilus equi* and *G. nasalis*) are not worms, but larvae of the fly *Gasterophilus*, and an important internal parasite of horses.

Gadfly are airborne between June and October and lay eggs on horses' hair, especially around the legs and belly. The horse licks the area, hatching the eggs and taking larvae into the mouth. The larvae develop in the stomach, where they remain for 8-10 months before being expelled in the dung in spring.

After pupating, adult flies develop and lay eggs. Bots cause pain, gastritis and can result in mechanical obstruction of the gut. Grooming can remove eggs.

Control can be affected by products containing ivermectin or haloxon – see Table 1.

## Worming programmes

The wide variety of nematodes which horses can harbour commonly cause ill-thrift, diarrhoea



Table 1. Equine horse-wormers – all classed as PML products

ACTIVE INGREDIENT	ROUNDWORMS						PRODUCT NAMES for oral administration
	large & small strongyles ascaride pinworms	strongyloides	Migrating strongyles	Horse bots	Lung- worms	Tape- worms	
febantel	✓						Bayvern Pellets 1.9% (Bayer)
fenbendazole	✓	✓	✓				Panacur 10% suspension (Hoechst)
	✓	✓	✓				Panacur Equine Granules (Hoechst)
	✓	✓	✓				Panacur Equine Guard suspension (Hoechst)
	✓	✓	✓				Panacur Equine Paste (Hoechst)
haloxon	✓			✓			Multiworma Powder (Day Son and Hewitt)
		✓			✓		Ruby Horse Wormer Powder (Spencer)
ivermectin*	✓	✓	✓	✓	✓		Eqvalan Paste (MSD Agvet)
	✓	✓	✓	✓	✓		Furexel Paste (Janssen)
mebendazole*	✓				✓		Equivurm Plus Granules (Crown)
	✓				✓		Equivurm Plus Paste (Crown)
	✓				✓		Telmin Granules (Janssen)
	✓				✓		Telmin Paste (Janssen)
oxibendazole	✓	✓					Equidin Paste (Univet)
	✓	✓					Equitac Paste (Pfizer)
	✓	✓					Lincoln Horse & Pony Wormer (Battle, Hayward & Bower)
pyrantel	✓					✓	Strongid P Granules (Pfizer)
	✓					✓	Strongid P Paste (Pfizer)

None of the drug substances with the exception of ivermectin must be used in horses intended for human consumption. The withdrawal period for horses treated with ivermectin is 21 days.  
 \*indicated for other equidae such as donkeys

and sometimes colic, while migrating *strongylus vulgaris* larvae damage the cranial mesenteric artery

Gastro-intestinal nematodes may be controlled by treating newly acquired animals with a broad spectrum anthelmintic (Table 1) concurrent with regular dosing of all ponies, horses and donkeys at 6-8 weekly intervals throughout the grazing season.

During the winter, the frequency may be reduced to three monthly, but the advice given in product literature should be taken into account. Risk factors are variable and include the grazing land stocking rate. Since one unwormed horse can pass out an incredible 30 million large red-worm eggs in a day, this is a severe threat to other horses.

Avermectins may give a longer

period of protection than other chemical groups but reliance on anthelmintics can be reduced by frequent removal of faeces from paddocks. Early winter is the best time to treat migrating large redworms with a five-day course of fenbendazole or ivermectin.

It is of increasing importance to rotate wormers used in the grazing season on an annual basis to minimise any risk of drug resistance. Again, the pharmacist's knowledge of chemistry can be applied to ensure that the annual rotation is based on the use of different chemical groups and not just of a product name.

Pyrantel is the drug of choice for routine tapeworm treatment.

**Practice points**

Groups of horses living together should all be treated with

anthelmintics at the same time. As not all worms are killed and animals are constantly subject to re-infection from pasture or stable, repeated treatment at regular intervals is essential.

Overgrazing of pasture should be avoided, and the level of pasture contamination reduced by removal of dung. If possible grazing areas should be rotated.

Suitable dosage of anthelmintics should be related to the animal's weight. The Ag and Vet Pharmacists Group leaflet provides a table relating weight in kilograms to height of a horse – measured in 'hands'. A 'hand' is 4 in, measurement being made at the withers (the ridge between the shoulder bones of a horse). 12 hands = 122cm.

Data sheets of anthelmintic products and produce leaflets

detail dosage in relation to animal weight. Dosage by oral syringe or dosing gun is preferable to in-feed dosing as this ensures that the full dose is received by the horse.

It is important for the horse owner to keep a 'worming record sheet' up-to-date. The leaflet referred to above incorporates a simple record sheet. Many product manufacturers supply these.

Other conditions

Fly repellents are closely associated with horse-wormers, as they can help control the intermediate host of bots, the gadfly. They also control stable and nuisance flies. Distributors, such as your nearest Vetchem pharmacy, can advise and supply. Formulations include citronella oil, diethyltoluamide and dimethyl phthalate. Banfly cream (Arnolds) contains citronella oil and is a PML product. GSL classified products include Fly Repellent Plus (Mallinckrodt Vet) and Lincoln Sweet Itch Lotion (Battle, Hayward & Bower). Both products contain citronellol and permethrin.

Sweet itch is a dermatitis which results from hypersensitivity to the bites of Calicoides species, midges. Susceptible horses should be housed overnight during the midge season. Benzyl benzoate lotion is licensed for use on horses other than those intended for human consumption. Killitch Lotion (Carr & Day & Martin) and Sweet Itch Plus Liquid (Pettifer) are both GSL products.

Most other conditions affecting horses are best dealt with by a veterinarian.

Most horses are relatively expensive companion animals to maintain and the responsible owner will recognise, for example, that antibiotics may be necessary to treat a respiratory disorder following proper diagnosis.

Hooves require attention and hoof oils, together with a wide range of grooming aids, represent a large and expanding market.

Full list of references available on request.

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**The OTC industry recognises and values the importance of the community pharmacist, that's why PAGB has just launched its Professional Learning Programme to train pharmacy sales representatives, as the PAGB's Marianne Mac Donald explains**

**W**hen I first became a pre-registration student, we had a regular locum who helped teach me some of the tricks of the trade. One of his favourites was 'rep baiting'.

Wait until a sales representative comes into the pharmacy trying to sell his or her wares, then bludgeon them with a flurry of clinical questions. If they can't answer, then they're out the door without an order. Why should you stock a product when the company can't give you a sound reason why you should?

Over the counter medicines manufacturers know that it is the sales representative who is the vital link with the community pharmacist. They are the point of contact with the company and they must be able to meet all the pharmacist's needs: from merchandising and margins through to pharmacology and pharmacokinetics. It's a lot to ask a sales rep to fulfil all these expectations. That's why the PAGB has just launched its Professional Learning Programme (PLP) for OTC sales representatives.

John Harold, managing director of Combe Laboratories and chairman of the PLP Working Group, says: "The objectives were to ensure accurate and informed dissemination of infor-

## Modular distance learning programme equal to about 50 hours of study

### Four compulsory modules (Five credits):

1 Introduction to the health care industry; 2 Pharmacists and pharmacy practice; 3 Body science; 4 Regulatory issues

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Skin and scalp (2)  
Sleep, travel, smoking cessation, tonics and stimulants (1)  
Health maintenance (1)  
Urinary system, gynaecology and contraception (1)  
Allergy (1)

### Multiple choice question exam run by CPP twice yearly

- 60 per cent pass mark for each module
- nine credits needed for PAGB diploma in OTC health care

# Professional results



field sales manager at Warner-Lambert. "Pharmacists must become efficient professional business retailers and sales teams can help community pharmacists compete effectively and survive," he adds.

It's a sentiment echoed by Peter Curphey. "Without training, edu-

cation and the application of knowledge, pharmacy knows it will have no future and we need to work with industry harder than ever to strengthen the partnership and strengthen pharmacists' relation to medicines."

## Why do it?

The Professional Learning Programme is the culmination of three years of hard work by the PAGB, work triggered by community pharmacists. In 1995 we asked a group of pharmacists, including immediate Royal Pharmaceutical Society past president Peter Curphey, what they wanted from industry – better trained sales representatives, was the resounding reply.

"At the time there was a lot of deregulation of medicines, and pharmacists were being inundated with training and display material. I personally felt that the relationships were not right with sales reps," explains Peter Curphey.

The industry recognised this and also understood that community pharmacists were at a crossroads – facing the potential loss of RPM coupled with increased competition from multiples and CTN retailers, points out Peter Battersby, regional

and remuneration and the role and training of the pharmacy assistant.

The programme is open not just to sales representatives, but to anyone who works in the OTC industry, such as national account managers and customer service staff, but sales representatives are best placed to put it into practice at the sharp end. "A sales representative doing the PAGB's PLP will certainly earn us the credit and the respect of the community pharmacists," says Robert Salmond, sales training and development manager at Whitehall Laboratories. "This will help us to develop a mutual business relationship that will clearly demonstrate our intention to grow a true business partnership with them."

To help ensure that PAGB is delivering a training programme which helps representatives talk to pharmacists at their level, and so develop this 'true business partnership', the course is examined by the same body which accredits all of the postgraduate pharmacy education: the College of Pharmacy Practice. "By using CPP we ensure that our exam is seen as professional and totally credible to pharmacists," adds Alison Williamson.

## Pharmacy benefits

So what should the pharmacists expect from their OTC representatives once the first graduates pass their exams in November?

Lindsay Yexley, Moss Chemists training executive, believes the PLP can facilitate "professional discussion between the pharmacist and assistant and the rep. They can also make better use of the rep's time, improve their understanding of issues and help assistants provide added value service to consumers."

The scheme has the firm backing of Peter Curphey. "It's a very ambitious programme and I am delighted with it. We need a meeting of minds, not just a meeting of deals, discounts and bonuses. I'm looking forward to a selling process based on that exchange of information and on a mutual understanding of disease and product and, most of all, the patient."

Already over 200 people have signed up to undertake the course, which is good news for the programme's driver, Alison Williamson. "I am delighted my own company Pharmacia & Upjohn will be enrolling our people into the programme. This is a great reward for me to see the initiative go live and to have my colleagues endorse my work. We started out as a response to pharmacists and hopefully, in time, they will see a great improvement in the standard of representation from the OTC industry."



# PCA launches 'Pharmacy' computer system

Pro Choice Applications is launching a pharmacy software package, describing it as the first drug, patient, stock control and training system of its kind.

Called 'Pharmacy', the system will include accredited continuing professional development modules and PCA's Traveller software as part of a Windows NT-based pharmacy management system. Windows NT, a version of Windows intended for use in 'corporate' environments, allows increased security with password protection.

'Pharmacy' gives integrated access to systems offered by Practice Resource Systems' Health Plus software such as paid patient counselling. PCA's Traveller software, which is updated monthly to provide health recommendations for people travelling abroad, will be included for the first year, and it is anticipated that pharmacies will be able to offer services to Primary Care Groups.

Monthly costs are about £125, or £135 with an ISDN link. The charge includes the option for a technology 'refresh' after 18 months, as well as free upgrading as and when the system is enhanced.

PCA's intention was to provide a system that could dispense a prescription in under a minute, says spokesman Sabine Raabe. A new patient label can be generated in seven seconds, and repeat or owing labels in one second due to a bar-code laser scanner. This allows patient records to be updated instantly. "The proof of the pudding will be in the eating. By using the system you will free up so much time," says Ms Raabe.

The system uses a CD-ROM providing CPD lectures for pharmacists. PCA is developing 12 months worth of accredited lectures as well as looking at training programmes for assistants.

Among other benefits of the system are:

- bar code scanning with instant patient record updating
- instant labelling
- instant access to patient records
- prescription endorsing
- wholesaler ordering
- drug interactions
- pharmacist intervention facility
- 'authorised' notice for confirming prescriber's intention in possible contra-indications or interactions on repeat prescriptions.

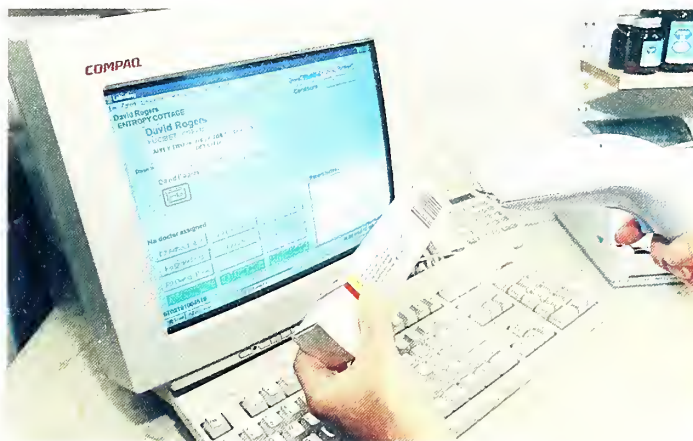
Pharmacy computer operators are normally standing when labelling. This can prevent ergonomic use of a mouse, so PCA has removed the need for total reliance on a mouse – operators are given the choice of performing functions using either a few key strokes or the mouse.

David Rogers, managing director of PCA and occasional locum pharmacist, has designed the system with locums in mind. "The technology that Pharmacy applies makes the system suitable for both multiple and independent pharmacies," he says. "Phar-

macy is truly locum-friendly as it is easy to use and follows the dispensing process closely."

Pharmacy is being tested at four sites within a multiple pharmacy and at three independent pharmacy sites in Chester, Sheffield and Sunderland.

Pharmacy is supplied with 'state of the art' Compaq computers and includes a Pentium III processor and multimedia facilities. PCA has also been talking to the other electronic data interface developer, Pharmed, to make Pharmacy mutually compatible with the Pharmed system.



'Pharmacy' is being tested at seven sites in northern England

## Pharmacies must look into service for disabled customers

Pharmacies, and other businesses, will have to take "reasonable" steps, under Part III of the Disability Discrimination Act, to ensure disabled customers can access their goods and services.

The Act's provisions will be implemented in two stages. In October 1999, businesses will have to change any aspect of their premises or procedures that could hinder the disabled. Any alterations to premises will have to take place by 2004.

These measures are an extension of earlier Part III rules,

introduced in December 1996, to prevent businesses from discriminating against disabled people. Under the 1996 regulations, businesses must not refuse service, provide a worse standard of service, or offer a service on worse terms to the disabled.

Valda Elson, the National Pharmaceutical Association's personnel and administration officer, says many pharmacists already adhere to the latest legislation by offering free home deliveries for people with difficulties, or who cannot get to pharmacies.

Pharmacists, she adds, need to use their common sense. For example, those who feel that disabled customers would have trouble entering their pharmacies could build a ramp.

"In some places it would clearly be impractical to build a ramp. If you want to build one, do so, but check with your local council for guidelines before you do anything. Remember your ramp could pose a risk for other customers," she says. New premises have already taken this legislation into account.

Pharmacists should also teach their staff how to deal with deaf or blind customers. Information is available from the National Institute for the Blind and the National Institute for the Deaf. Mrs Elson says pharmacists should check whether any staff already have those skills.

Pharmacists and other small businesses are not expected to spend more than about \$200 on such measures.

Anyone with further queries should call Ms Elson: 01727 832161.

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# EU to set agenda on tackling parallel imports

Pharmaceutical wholesalers could discover how the European Union plans to tackle parallel imports by the end of this year.

Martin Bangemann, the EU's commissioner for industrial affairs, information technology and telecommunications, has held a series of discussions with member states and pharmaceutical manufacturers. The next meeting is due on December 18 and, according to Pfizer, the omens are looking good.

Following a meeting in May, the EU's Internal Market Council concluded that "... ways need to be found within the Treaty [of Rome] to address the question of price differentials between the member states and the issue of parallel trade in the sub-sector."

The Council then urged the European Commission to talk to member states, the pharmaceutical industry and other "interested parties" to prepare a "communication" on the matter by the end of the year.

Miranda Kavanagh, Pfizer's director of corporate affairs, says everyone affected by parallel imports should make their views heard now. "It is probably the best chance we have had in a long time to make a difference. Timing is critical; we must do everything we can to make it happen. There must be a concerted effort with member state impetus behind it to extract Community measures," she says.

Ms Kavanagh, who was speaking at a conference on EU expansion and the pharmaceutical industry, adds that EU officials

find a direct appeal from a chairman or chief executive officer more persuasive than third-party lobbying.

"Companies should think seriously about representing themselves in a complementary effort to that of the trade associations, especially at member state level," she says.

Ms Kavanagh also urges firms to be pragmatic about what they can achieve. As no-one will pay more for medicines in Europe, the pharmaceutical industry must find solutions "within the environment. Pressing for total pricing freedom will get us nowhere", she says.

Companies throughout the EU must agree – at Community level – on how they should solve the problem.

One option, says Ms Kavanagh,

is to introduce a framework directive to set out the scope of the problem and to describe the measures EU countries could adopt. These could include multiple pricing to different parts of the distribution chain, under a contract drawn out with the country's health care system.

Parallel imports have become a particularly pressing issue as former Eastern bloc countries prepare to join the EU. As these countries automatically gain the right to move their goods anywhere in the EU when they become members, parallel imports could "increase enormously".

Market researcher IMS recently reported that UK sales of parallel imports will be worth \$350 million this year.

## AAH moving to Coventry

**AAH Pharmaceuticals will begin moving its head office on June 29 to its new site: Sapphire Court, Walsgrave Triangle Business Park, Coventry, CV2 2TX. Tel: 01203 432400.**

## Record crowd at trade show

About 8,500 people – the biggest crowd for five years – attended Unichem's trade show at Alton Towers on June 21. Pharmacists saw Unichem's new Intranet system and met representatives from various companies, including Glaxo Wellcome, Warner Lambert and Kimberley Clarke.

## Field Group profits \$24m

Field Group, a packaging manufacturer whose interests include pharmaceutical and health care markets, increased its pre-tax profits 12 per cent to £24 million for the 53 weeks to April 4.

## United Norwest Co-op rewards staff

Hundreds of pharmacy staff at United Norwest Co-op (UNC) will get a tax-free bonus of about one week's pay because the group made record profits.

UNC's trading profit – before exceptionals – rose 13 per cent to \$15.5 million. Its turnover was up 9 per cent to \$691 million.

The group's health care division, comprising 70 pharmacies,

was one of the best performers with sales up 51 per cent.

This partly reflects UNC's acquisition of 17 pharmacies during the year.

Virtually all of UNC's 10,000 staff are eligible for the bonus, although this year will be the last for the profit related scheme because the Government is phasing out such incentives.

## MPs to launch inquiry into British Biotech

MPs are to hold an inquiry into British Biotech (BB) as they are concerned about the potential impact on the biotech industry of recent events at the company.

The Science and Technology Committee, which released a report on the failed Glaxo Wellcome-Smithkline Beecham merger last week, will invite BB representatives to give evidence. These will include Dr Keith McCullagh, BB's chief executive and founder, and Andrew Millar, its former head of research.

BB is suing Dr Millar for damages on the grounds that he discussed confidential information with outsiders.

Dr Millar, in turn, has launched a claim against BB for wrongful dismissal.

A date for the hearing had not been set as C&D went to press, but it is likely to be in early July.

Other interested parties will be asked to submit written evidence by July 7.

The committee says its inquiry will be relatively short.

## Galen in merger talks

Galen Holdings, the Northern Ireland-based pharmaceutical company, is having merger talks with Ferrer Pharmaceuticals, a privately-owned group registered in the Netherlands.

## Kevin Wilson trial

The trial of Kevin Wilson, former md of Crookes Healthcare, is due to be heard at Leicester Crown Court on September 2.

## Weldricks expands

Weldricks Pharmacy, based in South Yorkshire, now has 31 pharmacies after it acquired two in Cantley, Doncaster.

## New Vitaflo warehouse

Vitaflo, which supplies clinical nutrition products, has opened a new central warehouse at: **11 Century Building, Brunswick Business Park, Liverpool, L3 4BL. Tel: 0151 709 9020.**

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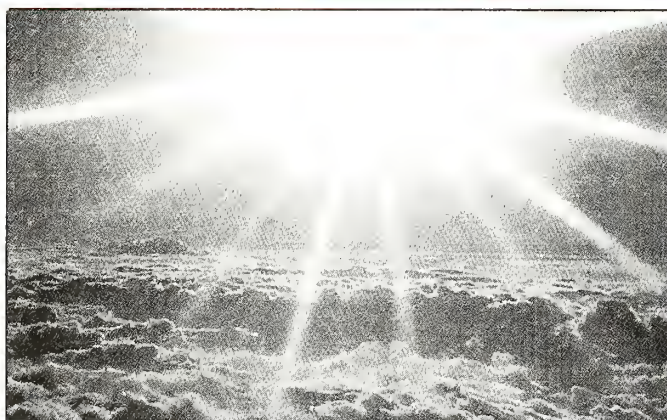
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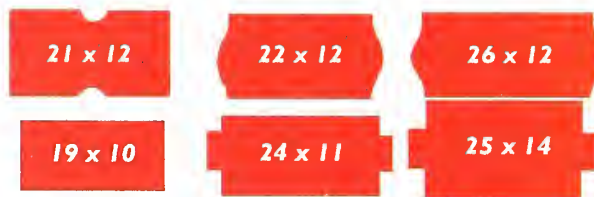
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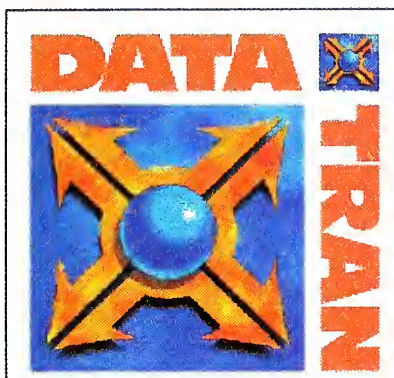
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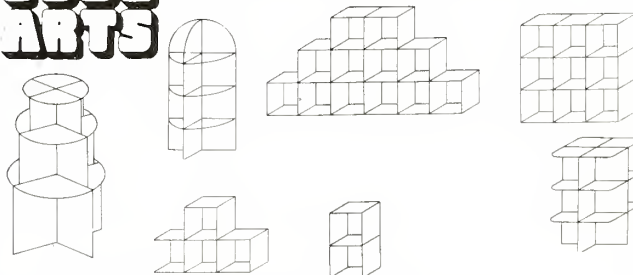
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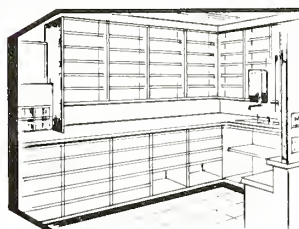
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# Taking stock in Brussels

In the latest look at the pharmacy system in other parts of Europe, **Felix Corley** visits a small pharmacy in central Brussels

**T**he Grande Place is the first port of call for all tourists and visitors to Brussels, who admire the town hall and other historic buildings and the small shops selling chocolates and lace that fill the cobbled square and surrounding streets.

Not far away is the Bourse, Brussels' stock exchange. Taking the exchange in its name, the Pharmacie de la Bourse sits in one of the narrow streets just a stone's throw away in a mixed district that includes the most exclusive boutiques and restaurants cheek by jowl with poorer shops and derelict buildings.

The pharmacy is owned and run by Jean-Paul De Meersman, who is from the Flemish part of this linguistically-divided country. It is small, but bright and well-stocked, and serves its loyal clients from all over the neighbourhood.

De Meersman bought the firm just two years ago after ten years working for another boss. "I was satisfied with the work, but it was a question of the pay," recalls De Meersman as we sit together in the preparation area of his shop. "When you work for someone else as an assistant pharmacist, you can be poorly paid, earning just BFr80,000 (\$1,330) per month for a 40 hour



Jean-Paul De Meersman's pharmacy is open 45 hours a week

week. This is not much more than an ordinary workman would earn, and this after years of study at university."

But setting out on your own is not so easy. "When I bought this pharmacy there were ten other people who wanted to buy it. There was an official sale price but I had to offer more money to outbid the others. I had to borrow from the bank to buy it."

Opening a new pharmacy is all but impossible. "The Government says that pharmacies have reached saturation point. You cannot open a new pharmacy. A law was passed in 1976 which set out the new system. It said that a new pharmacy can be opened if it is at least 1km from the nearest pharmacy and there are at least 2,500 residents. In a small village, maybe it is possible to open a new pharmacy, but not in a big city – there are too many already. I think it is a bad law."

A look around the streets quickly confirms De Meersman's estimate that in Brussels there is

one pharmacy every 300m. There are at least three or four within a minute's walk of his own pharmacy. How does he survive with such competition? "This isn't a problem. My customers are faithful." Watching De Meersman serve a steady stream of customers, it is clear that building up a rapport with each is important. Many customers like to stop for a chat as they collect their prescriptions.

But no-one could claim that owning your own business is easy, especially if, like De Meersman, you have no help. "The pharmacy is open 45 hours a week and I am the only one. The shop is open until 7pm every weekday evening and on Saturday mornings. When I am ill or have to go somewhere, I can call for a temporary replacement. When I go on holiday I close the pharmacy for a couple of weeks and customers have to go elsewhere."

There is also a special rota to provide pharmacy services out of hours, and twice a year De

Meersman has to take his turn keeping the pharmacy open at night and on a Sunday. "It is rather boring. I don't look forward to it," he admits.

All pharmacists in Belgium must study at university for five years, after which they have to do a spell of practical work – either in a hospital pharmacy or in a retail pharmacy. About 200 pharmacists graduate each year. De Meersman took his degree at Ghent University. Pharmacists from other European Union countries can work in Belgium, although not many do. More common is the purchase of a pharmacy by foreigners, who employ Belgian pharmacists.

Belgians generally have to pay about BFr600 (\$10) for a prescription – although people with insurance recover some 75 per cent from their insurance company. The pharmacist receives payment for all the prescriptions at the end of each month. Prices are the same in every pharmacy. De Meersman finds that only about 70 per cent of the people who come to him have health insurance. "There is no obligation for people to have insurance. Some take the risk that they will not need expensive treatment and pay for small items like medicines as they go."

Insurance for a man with three children would typically be about BFr5,000 (\$80) per month, with a single person paying only about a third of this figure. The pharmacist must stick strictly to the medicine named on the prescription and cannot substitute a cheaper generic.

Despite the hard work and long hours, De Meersman does not regret his decision to go it alone. "It was the right choice when you compare it to having to work for a boss, but it's a big investment."

## Advertisement

### Clearing the Air around Nicotine

The 'Clearing the Air around Nicotine Award', an international initiative which aims to correct the misconceptions held by smokers about the role of nicotine in smoking-related illnesses, generated three UK finalists last month. Nicola Willis of the National Addiction Centre, Helen Willard and Molly Brown of QUIT and Dr Martin Raw were in the running to win US\$50,000.

The London-based organisations represent three of the 10 international finalists in the Award. More than 3000 non-profit organisations and individuals working in tobacco control around the globe were invited to submit ideas for an advertisement that would clearly illustrate the difference in toxicity between nicotine replacement therapy and cigarette smoke.

Clive Bates, Director of ASH and a member of the Award judging panel, commented:

"'Clearing the Air around Nicotine' could ultimately save lives by encouraging smokers to quit using nicotine replacement therapy (NRT). NRT can double a smoker's chances of quitting by helping to overcome nicotine addiction, but many smokers are wary of these products as they wrongly believe that nicotine is the component of cigarette smoke that causes cancer, whereas tar is the real culprit."

The Award is sponsored by Pharmacia & Upjohn and SmithKline Beecham and was also supported by GLOBALink – The International Tobacco-Control Network and the UICC – The International Union Against Cancer.

The winning concept, 'Nicotine can be a Lifesaver', was launched on World No Tobacco Day and has been endorsed by tobacco organisations around the world to dispel the myths surrounding nicotine and help smokers quit.



(l-r) Dr Martin Raw, Nicola Willis, Alison Williamson, UK Category Manager for Nicorette, and Helen Willard.



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